UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

Chianne D., et al.,

Plaintiffs,

v. Case No.

Jason Weida, in his official capacity as Secretary for the Florida Agency for Health Care Administration, et al.,

Defendants.
_____/

PLAINTIFFS' MOTION FOR A CLASSWIDE PRELIMINARY INJUNCTION

PLEASE TAKE NOTICE, upon all the papers filed herein, Plaintiffs move this Court for an order granting Plaintiffs' motion pursuant to Rule 65(a) of the Federal Rules of Civil Procedure for entry of a classwide preliminary injunction.

INTRODUCTION

Plaintiffs are Medicaid enrollees who have lost or are threatened with the imminent loss of Medicaid. To alert Plaintiffs about the loss of coverage, Defendants are sending termination notices that are confusing and do not adequately explain why coverage is ending. This leaves Plaintiffs unable to understand why they no longer meet Medicaid eligibility requirements and scrambling to figure out how to pay for their necessary health care. Plaintiffs spent hours on the phone attempting to

obtain clarity. Despite these efforts, Plaintiffs Chianne D., C.D., and A.V. remain without Medicaid coverage.[1] Plaintiffs cannot afford necessary health care and services, such as medications, treatments for chronic illnesses, diagnostic screenings, postpartum care, and well-child visits and vaccines. In addition to limiting their access to health care, Plaintiffs Chianne D. and C.D. have incurred over $2,800 in medical debt, and their family is foregoing other necessary expenses to save money to pay the bill. The loss of coverage has increased Plaintiffs' stress and anxiety as they face uncertainty about how to pay for critical medical care.

Since at least 2018, Defendants have been "well aware" that their termination notices provide insufficient explanation and create confusion. The notices, which do not clearly state the reasons for the ineligibility determination or give any details about the eligibility factors supporting this determination, violate fundamental safeguards of the Due Process Clause of the Fourteenth Amendment and the Medicaid Act. Nonetheless, Defendants continue to rely on them to cut off coverage of hundreds of thousands of Medicaid enrollees. Due to the end of the COVID emergency, Defendants are redetermining nearly 5 million Floridians' eligibility for Medicaid, in the first three months terminating 182,857 individuals, including

[1] Upon filing this motion, Plaintiffs will immediately notify Defendants of the identities of each Plaintiff and Next Friend. Plaintiffs also intend to file a Motion to Proceed Anonymously imminently and to move to file under seal a document which identifies the full names of the Plaintiffs and their Next Friends.

Plaintiffs, during this "unwinding" process. Kaiser Fam. Found., Medicaid Enrollment and Unwinding Tracker (July 31, 2023), https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/ (under "STATE DATA" tab, Figure 2).

Plaintiffs ask this Court to enter a preliminary injunction enjoining the Defendants from terminating Medicaid benefits to the named Plaintiffs and all others similarly situated until the Defendants provide adequate and timely notice and the opportunity for a de novo hearing prior to termination of Medicaid coverage.

BACKGROUND: MEDICAID FRAMEWORK

The Medicaid program is designed to "furnish medical assistance" on "behalf of individuals whose incomes and resources are insufficient to meet the costs of necessary health care." 42 U.S.C. § 1396-1. A state's participation in Medicaid is voluntary. Participating states are reimbursed by the federal government for the majority of the costs of Medicaid benefits. *See id.* § 1396b. Once a state elects to participate, it must adhere to federal legal requirements as provided by the U.S. Constitution, the Medicaid Act, and the regulations and guidelines promulgated by the federal Medicaid agency. *Id.* §§ 1396-1396w-5; *see also Tallahassee Mem'l Reg'l Med. Ctr. v. Cook*, 109 F.3d 693, 702 (11th Cir. 1997).

Florida participates in the Medicaid program. As required by federal law, 42 U.S.C. § 1396a(a)(5), Florida designated the Agency for Health Care Administration

(AHCA) as the single state Medicaid agency. Fla. Stat. § 409.902(1). AHCA has delegated responsibility for processing Medicaid eligibility redeterminations to the Department of Children and Families (DCF). *Id.* AHCA, as the designated single state agency, is required to ensure DCF abides by federal Medicaid laws and regulations. Fla. Stat. § 409.902 (1). 42 C.F.R. § 431.10(c)(3); *see also Hernandez v. Medows,* 209 F.R.D. 665, 670 (S.D. Fla. 2002).

The Medicaid Act delineates the population groups that are eligible to receive Medicaid coverage using household income and other criteria (e.g., children, pregnant women, people with disabilities, older adults). *See* 42 U.S.C. §§ 1396a(a)(10)(A), (C). Each covered population group has its own income limits and, for disability-related Medicaid categories, resource/asset limits as well. *Id.*; *see also* 42 U.S.C. § 1396a(e)(14) (describing income eligibility based on modified adjusted gross income).[2] Some population groups, such as newborns and individuals who have recently given birth, receive 12 months of continuous coverage regardless of a change in circumstances. 42 U.S.C. § 1396a(e)(16) (describing postpartum coverage), *id.* § 1396a(e)(12) (describing continuous eligibility for children); Before

[2] For income limits related to pregnant women, children, and caregivers, including applicable disregards, *see* Dep't. of Children and Families, CFOP, 165-22, Economic Self Sufficiency Program Policy Manual, Appendix A-7, https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-program-manual (last visited Aug. 21, 2023). For income and asset limits related to people with disabilities, *see id.*, Appendix A-9.

terminating Medicaid coverage, states must conclude that an individual is ineligible in any category. 42 C.F.R. §§ 435.930(b), 435.916(f)(1).

Typically, states are required to redetermine an individual's Medicaid eligibility every 12 months, or sooner if the individual experiences a change in circumstance affecting eligibility. *See* 42 C.F.R. § 435.916(a)(1), (b), and (d).

ARGUMENT

Plaintiffs seeking a preliminary injunction must demonstrate: (1) a substantial likelihood of success on the merits; (2) irreparable injury will occur without an injunction; (3) the threatened injury to the Plaintiffs outweighs any injury to the Defendant; and (4) the issuance of an injunction will not disserve the public interest. *See, e.g., Odebrecht Const., Inc. v. Sec'y, Fla. Dep't of Transp.*, 715 F.3d 1268, 1273-74 (11th Cir. 2013). As established below, Plaintiffs meet these criteria.

I. Plaintiffs are Substantially Likely to Prevail on the Merits of Their Due Process Clause and Medicaid Act Claims.

Medicaid recipients have a statutory entitlement to benefits that is protected by the Due Process Clause of the Fourteenth Amendment. *O'Bannon v. Town Court Nursing Ctr.,* 447 U.S. 773, 787 (1980). Thus, before terminating coverage, the agency must send timely, adequate written notice that comports with the requirements of due process and the Medicaid Act. *Goldberg v. Kelly*, 397 U.S. 254, 267-68 (1970); 42 U.S.C. § 1396a(a)(3); 42 C.F.R. §§ 431.200-431.246. Adequate notice is "vital not only to communicate what action the state plans to take," but also

to provide the recipient with information sufficient to evaluate whether or not to challenge the state's decision. *Gaines v. Hadi*, No. 06-60129-CIV, 2006 WL 6035742, at *13 (S.D. Fla. Jan. 30, 2006). The Alaska Supreme Court has explained the role of the notice as follows:

> Due process notices are designed to protect recipients from erroneous deprivation of benefits by allowing them to assess whether or not the agency's calculations are accurate. . . . [A]gencies make mistakes. If a major purpose served by benefit change or denial notices is protecting recipients from agency mistakes, then it stands to reason that such notices should provide sufficient information to allow recipients to detect and challenge mistakes.

Allen v. Alaska Dep't of Health & Soc. Servs., 203 P.3d 1155, 1167-68, n.61 (Alaska 2009) (collecting cases).

To be sufficient, the notice must "detail[] the reasons for the proposed termination," including both "the legal and factual bases" for the decision. *Goldberg*, 397 U.S. at 267-68; 42 U.S.C. § 1396a(a)(3); *see also* 42 CFR § 431.210. Notices must be "reasonably calculated under all circumstances to," give recipients "an opportunity to determine whether the facts on which the agency relied were correct and, if not, present their objections." *Mullane v. Central Hanover Bank & Trust Co.*, 339 U.S. 306, 314 (1950). The notice must also "clearly" explain "the availability of an avenue of redress." *Memphis Light, Gas & Water Div. v. Craft*, 436 U.S. 1, 13-14, n.15 (1978).

Failure to include any of the required information offends due process, even if other aspects of the notice are sufficient. *See, e.g., Memphis Light*, 436 U.S. at 14

(finding a due process violation where notice, "while adequate to apprise the [plaintiffs] of the threat of termination . . . was not 'reasonably calculated' to inform them of the availability of 'an opportunity to present their objections'"). Similarly, to satisfy the Medicaid Act, notices must include a statement of what action the agency intends to take, as well as a "clear statement of the specific reasons supporting the intended action," an explanation of the right to a hearing, when benefits will continue pending the hearing, and the method for obtaining a hearing. 42 U.S.C. § 1396a(a)(3); 42 C.F.R. §§ 431.206(b)(2), 431.210; *see also id.* § 431.205 (incorporating *Goldberg*'s requirements). And where the required notice is not provided, due process and the Medicaid Act require the agency to reinstate coverage until pre-termination process is provided. *Goldberg*, 397 U.S. at 264; *Kimble v. Solomon*, 599 F.2d 599, 605 (4th Cir. 1979) (ordering "prospective reinstatement of [Medicaid] benefits . . . until at least ten days after Maryland has mailed to each plaintiff a separate, timely and adequate notice"); 42 C.F.R. § 431.231(c)(1).

Here, plaintiffs have a substantial likelihood of success on the merits because Defendants' standardized notices fail to satisfy the most rudimentary requirements for adequate notice.

First, the notices do not clearly state what action Defendants are taking. As Plaintiffs' notices demonstrate, a single notice may include statements that an individual is both "eligible" and "ineligible." *See e.g.*, Exhibit 2, Chianne D. Decl.

at Ex. B; Exhibit 3, Jennifer V. Decl. at Ex. A; *see also* Exhibit 4, (Taylor notice). Adding to the confusion, Defendants routinely use phrases that an individual is "RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM" or "ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP" when coverage is actually ending altogether. *See e.g.*, Ex. 2, Chianne D. Decl. at Ex. B; Ex. 3, Jennifer V. Decl. at Ex. A; Ex. 4 (Taylor notice); Exhibit 5 (G.M. notice); Exhibit 6 (L.M.J. notice); Exhibit 7 (M.G. notice)). Plaintiff Chianne D., after reading the notice was not sure who in her family was losing coverage or when. Ex. 2, Chianne D. Decl., ¶¶ 13-16. Plaintiff A.V.'s mom was utterly confused by the notice and did not understand from this language that her daughter's coverage was ending. Ex. 3, Jennifer V. Decl., ¶¶ 8, 11 (stating she thought this language meant A.V. still had coverage).

Notices, like these, that do not communicate who is losing coverage or when are not "reasonably calculated" to inform Medicaid enrollees of "the pendency of the action and afford them an opportunity to present their objections." *Mullane*, 339 U.S. at 314; *see also Doston v. Duffy*, 732 F. Supp. 857, 872-73 (N.D. Ill. 1988) (noting a notice is inadequate if it is "unintelligible, confusing, or misleading" or does not "meaningfully inform" the recipient of their rights).

Second, the notices communicate only the ultimate conclusion and fail to detail the "legal and factual bases" for the decision. *Goldberg*, 397 U.S. at 267-68.

Defendants' notices do not advise recipients of the "applicable standards" for Medicaid eligibility, "list the various types of information relied on," or "identify those factors the Agency deems pertinent to the decision." *Gaines*, 2006 WL 6035742, at *17-18. Critically, in notice sections where some members of the household are listed as "eligible" or "enrolled" and others in the household are listed as "ineligible," there is *no* reason given for that decision. *See, e.g.*, Ex. 2, Chianne D. Decl. at Ex. B; Ex. 3, Jennifer V. Decl. at Ex. A; Ex. 4 (Taylor notice); Ex. 5 (G.M. notice); Exhibit 8 (L.S. notice).

In notice sections where all members of a household are identified as ineligible, the entire explanation of the Defendants' decision comes in the form of a standardized "reason code." These reason codes communicate only the ultimate conclusion and do not inform an individual of the basis for the Defendants' decision. As represented by Subclass A, DCF routinely uses reason codes that do not identify *any* eligibility factor Defendants used to find an individual ineligible for Medicaid. For example, Defendants use reason codes that state, "YOUR MEDICAID FOR THIS PERIOD IS ENDING" and/or "NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM". Exhibit 9 (DCF reason codes list, codes 520 and 374); *see also, e.g.*, Ex. A of Jennifer V. Decl.; Ex. 6 (L.M.J. notice); Ex. 7 (M.G. notice); Exhibit 10 (F.M. notice); Exhibit 11 (A.H. notice). Notices such as these that "[i]n essence, . . . inform the recipient that [her] request for [Medicaid]

benefits was denied because she was not entitled to those benefits" are legally deficient because they provide "explanation without 'reasons.'" *C.R. ex rel. Reed v. Noggle,* 559 F. Supp. 3d 1323, 1339 (N.D. Ga. 2021) (quoting *Goldberg*, 397 U.S. at 267)).

As represented by Subclass B, some reason codes do identify income as a relevant eligibility factor. DCF reason code 241 is associated with the phrase: "YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM." Ex. 9; *see e.g.*, Ex. 2, Chianne D. Decl., at Ex. B; Ex. 4 (Taylor notice); Ex. 5 (G.M. notice). Other than this phrase, however, the notices are devoid of additional information needed to understand the reason for the state's action, such as the "calculations of income or resources involved . . . ,[or] explanations of what income and/or resources the agency considers available to the claimant . . . [or] the relevant eligibility limits. . . ." *Ortiz v. Eichler*, 616 F. Supp. 1046, 1061 (D. Del. 1985), *aff'd*, 794 F.2d 889 (3d Cir. 1986). Plaintiff Chianne D., for instance, did not understand how Defendant had reached its decision or calculated the "share of cost" listed in her notice or what "share of cost" meant. Ex. 2, Chianne D. Decl., ¶ 13. Declarant Taylor did not pursue an appeal in part because she assumed DCF was right that she was over-income. Exhibit 12, Decl. of Kimber Taylor, ¶¶ 17-18.

Further, the notices do not "fully inform []" individuals of the basis for Defendants' decision because they fail to identify the facts used to make the

eligibility decision. *Goldberg*, 397 U.S. at 266-67. The only household-specific information Defendants include in its notices are the names of the individuals in the household and some dates. What is missing is information regarding what age, pregnancy, postpartum, and disability status Defendants used to evaluate eligibility. Nor do Defendants provide any explanation of the various Medicaid eligibility categories or their applicable eligibility requirements, although the requirements vary significantly from one eligibility category to the next. For instance, Plaintiff Chianne D. did not realize that Defendants had not evaluated her for postpartum coverage, though she had given birth less than 12 months ago. Ex. 2, Chianne D. Decl., ¶¶ 30-31. Without "sufficient information to understand the basis for the agency's action," Medicaid enrollees "cannot know *whether* a challenge to an agency's action is warranted, much less formulate an effective challenge." *Kapps v. Wing*, 404 F.3d 105, 124 (2d Cir. 2005). In sum, Plaintiffs are likely to succeed on their claims because Defendants notices fail to provide sufficient details for a "lay reader" to "understand on what basis the request for [Medicaid] was denied." *C.R.*, 559 F. Supp. 3d at 1339; *see also Barry v. Lyon*, 834 F.3d 706, 720 (6th Cir. 2016) (holding that notice must provide "specific, individualized reasons for the agency action").

Third, the notices do not "clearly" explain "the availability of an avenue of redress." *Memphis Light,* 436 U.S. at 13-14, n.15 (1978). Each notice includes the

same standard paragraph regarding how to request a hearing. The notice template reads: "If you want a hearing, you *must* ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. . . ." Exhibit 13, DCF template notice of Medicaid ineligibility (emphasis added). The notices do not provide an address to deliver a written request, a phone number to call the "call center," or a physical address for any DCF office to visit. The ability to ask for a hearing is further complicated because there are few physical offices in the state, and the majority of these are in urban areas. *See* Fl. Dep't of Child. & Fam., "ESS Storefronts and Lobbies" https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies (last visited Aug. 21, 2023). Meanwhile, Florida's call center has the longest wait times (40 minutes) and highest abandonment rates (48%) of any state in the country. *See* CMS, *Medicaid and CHIP CAA Reporting Metrics* (July 28, 2023), https://data.medicaid.gov/dataset/7218cbef-f485-4daa-8f69-e50472eab416.[3]

Moreover, the notices omit any information about how to submit an appeal via online or email options. The Defendants' notices therefore do not set forth

[3] The wait times and abandonment rates are even worse for Spanish-language callers. The average Spanish-language caller has to wait nearly two and a half hours and 30% of Spanish-language calls are disconnected. *See* UnidosUS, "At Florida's Medicaid call center, long and discriminatory delays prevent eligible families from keeping their health care" (Aug. 2023), https://unidosus.org/publications/long-and-discriminatory-delays-at-floridas-call-center/.

necessary and accurate information about the right to appeal in a manner that "accurately inform[s] the person to whom it is given of how to take advantage of that opportunity." *Pickens v. Shelton-Thompson*, 3 P.3d 603, 607-08 (Mont. 2000); *Goldberg*, 397 U.S. at 266, 268; *Memphis Light*, 436 U.S. at 13-14 n. 15; *see also Gaines*, 2006 WL 6035742, at *19 (finding no due process violation where it was uncontested that notices provided "detailed" information on how to "request a fair hearing to present evidence and challenge the Agency's" decision); 42 U.S.C. § 1396a(a)(3); 42 C.F.R. § 431.206. *See also* Ex. 3, Jennifer V. Decl. ¶ 13 (stating she did not understand the fair hearing language).

Furthermore, the notice threatens that individuals who decide to request a hearing "will be responsible to repay any benefits if the hearing decision is not in your favor." Ex. 13 at 4. This is not an accurate statement of DCF policy, which only authorizes the recovery of overpayments for fraudulent or intentional program violations. *See* ESS Program Policy Manual §§ 3630.0200, 3630.0300, https://www.myflfamilies.com/sites/default/files/2023-02/3600.pdf. This erroneous language places financial pressures on Medicaid enrollees and discourages enrollees, like declarant Kimber Taylor, from exercising their constitutional right to appeal the agency action prior to the termination of benefits. Ex. 12, Taylor Decl., ¶ 17; *see also* 42 C.F.R. § 431.221(b) (stating an agency may not "interfere" with a "beneficiary's freedom to make a request for a hearing").

For years, Defendants have been aware of the deficiencies in the termination notices. In 2018, state officials reported "being well aware that notices sent to beneficiaries generate confusion" and that the "current notices that describe applicants as ineligible are considered to be not sufficiently explicit in terms of an explanation." State Health Access Data Assistance Center ("SHADAC"), *Medicaid Eligibility, Enrollment, and Renewal Processes and Systems Study: Case Study Summary Report - Florida*, 12-13 (Oct. 19, 2018), https://www.macpac.gov/wp-content/uploads/2018/11/Florida-Summary-Report.pdf. And although Defendant made minor revisions to the template termination notice at the beginning of the continuous coverage unwinding process, the revisions did not remedy the inadequate reason codes. Instead, Defendants continue to rely on the standardized reason codes it used before the pandemic to notify hundreds of thousands of Floridians that their coverage is ending. Plaintiffs are substantially likely to succeed on the merits of their claims that Defendants use of these notices violates the Constitution and the Medicaid Act.

II. Plaintiffs Will Suffer Irreparable Injury Absent an Injunction.

In cases alleging a violation of "the federal Medicaid statute and requesting injunctive relief, irreparable harm nearly always follows a finding of success on the merits. . . . Denying a Medicaid recipient an essential medical service constitutes irreparable harm." *Smith v. Benson*, 703 F. Supp. 2d 1262, 1278 (S.D. Fla. 2010).

This is because the loss of Medicaid coverage places the health of those losing Medicaid at immediate risk. Without Medicaid coverage, Plaintiff and proposed class members are unable to timely access medically necessary treatment, prescription medications, and essential well-child and postpartum services.

Numerous courts have found irreparable harm where Medicaid beneficiaries face loss of Medicaid coverage for necessary health care services. Indeed, courts in the Eleventh Circuit have consistently found that "[t]he denial of medical benefits and resultant loss of essential medical services, constitutes an irreparable harm . . . " *Edmonds v. Levine*, 417 F. Supp. 2d 1323, 1342 (S.D. Fla. 2006) (citations omitted); *C.R.*, 559 F. Supp. 3d at 1342 (finding reduction in the hours of authorized speech and rehabilitative therapies before a Medicaid recipient was given adequate notice of the reductions caused irreparable harm); *Cramer v. Chiles*, 33 F. Supp. 2d 1342, 1349 (S.D. Fla.1999) (finding cuts in funding for one Medicaid program, with simultaneous elimination of another program, placed plaintiffs at imminent risk of irreparable harm); *Dodson v. Parham*, 427 F. Supp. 97, 108 (N.D. Ga. 1977) (noting the court "would be blinking reality to conclude that Medicaid recipients . . . who are by definition the 'categorically needy', would have the financial capability to have diverse prescriptions filled" in the absence of an injunction restraining state from restricting drugs Medicaid would cover).

Courts in other circuits have reached the same conclusion. *See Pashby v. Delia*, 709 F.3d 307 (4th Cir. 2013) (holding that the threat of losing needed medical care through Medicaid coverage constituted irreparable harm); *Mass. Ass'n of Older Americans v. Sharp*, 700 F.2d 749, 753 (1st Cir. 1983) ("Termination of [Medicaid] benefits that causes individuals to forego such necessary medical care is clearly irreparable injury."); *Caldwell v. Blum*, 621 F.2d 491, 498 (2nd Cir. 1980) (finding harm where Medicaid applicants would "absent relief, be exposed to the hardship of being denied essential medical benefits"); *Knowles v. Horn*, 2010 WL 517591 (N.D. Tex. Feb. 10, 2010) (finding irreparable harm where Medicaid services terminated without due process); *Crawley v. Ahmed*, Case No. 08-14040, 2009 WL 1384147, *28 (E.D. Mich. May 14, 2009) (finding that irreparable harm because "it is undeniable that the unpaid bills, loss of needed medical assistance, and ultimately poor health suffered by Plaintiffs, cannot be adequately addressed by the promise of future Medicaid coverage").

As in the cases cited above, the Defendants here have terminated Plaintiffs' Medicaid coverage, the Plaintiffs cannot afford health care they need, and they have been forced to either forego that care or pay for it by sacrificing other essential needs or borrowing. Plaintiff Chianne D., who is just six months postpartum, has repeatedly been ill in recent months, but has been unable to see a doctor. Ex. 2, Chianne D. Decl., ¶¶ 21, 24, 32. She attributes her illness to the stress caused by her

two-year old daughter, Plaintiff C.D. losing Medicaid coverage. *Id.* C.D. was diagnosed with Cystic Fibrosis when she was an infant. *Id.* ¶ 3. For two years, she relied on Medicaid to pay for her medical care—daily medications, medical daycare, physician and therapy visits, and hospitalizations. *Id.* ¶ 4. After losing Medicaid coverage in June 2023, C.D. lost access to medical daycare, leaving Chianne to provide her daily care while also caring for her infant son and trying to attend school full time. *Id.* ¶¶ 20-21. C.D.'s family could not afford the medications that she needs, and without them, her health deteriorated. *Id.* ¶¶ 21-22. Chianne had to take her daughter to the hospital emergency room to get treatment for a persistent cough. *Id.* ¶ 22. The family received bills totaling over $2,800 from the hospital visit and incurred other medical debt during the month of June. *Id.* ¶ 22. They are unable to pay them, and the bills have gone to collection. *Id.* ¶¶ 22, 24. The family is saving money by avoiding spending on other basic necessities, including delaying introduction of solid foods for their six-month old. *Id.* ¶ 24.

Similarly, Plaintiff A.V. (aged one) lost Medicaid and is currently without health coverage. Ex. 3, Jennifer V. Decl., ¶¶ 7, 16. To date, she has missed one well-child visit and the vaccines that were supposed to be delivered during that visit. *Id.* ¶¶ 6, 16. Her mother remains without the ability to seek medical attention for inevitable childhood illnesses or accidents, causing her tremendous stress and anxiety. *Id.* ¶ 16.

The irreparable harm that the Plaintiffs are experiencing is representative of absent class members who have also lost coverage as a result of the deficient notices. *See* Kaiser Family Found., Medicaid Enrollment and Unwinding Tracker, (July 31, 2023), https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/ (noting that 182,857 people lost Medicaid coverage in the first three months of redeterminations following the end of the COVID emergency). Like the named Plaintiffs, absent class members who lose Medicaid are likely to have health care needs that go unmet. Declarant Kimber Taylor and her son, for instance, were notified that their Medicaid coverage would end just weeks after her son was born (even though both of them qualified for continuous coverage, Kimber as a postpartum mother and her son as a newborn). Ex. 12, Taylor Decl., ¶¶ 3-8. Ms. Taylor did not understand Defendants' termination notice and did not challenge the action in a pre-termination hearing. *Id.* ¶¶ 9-13, 15-18. As a result, she lost Medicaid coverage and missed postpartum appointments. *Id.* ¶ 20. She managed to convince her pediatrician to provide her son's vaccines, despite lacking coverage, but incurred a $555 bill. *Id.* ¶¶ 14, 20. The experience of losing coverage for herself and her newborn has been extremely upsetting, causing Ms. Taylor to experience anxiety and panic attacks. *Id.* ¶¶ 13, 20. She spent hours on the phone trying to restore her family's coverage and ultimately gave up and filed a new application to get Medicaid coverage. *Id.* ¶¶ 15, 19.

Like Chianne and Ms. Taylor, the class includes other postpartum mothers and parents who, without coverage, will suffer harmful health impacts that can also affect their child's development and health trajectory. Medicaid covers 45 percent of all births in Florida, making Medicaid coverage vital for both postpartum parents and newborns. Kaiser Family Found., Births Financed by Medicaid (2021), https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. AHCA itself has acknowledged the significant harms that come from losing Medicaid coverage postpartum: it can "result in coverage loss for mothers who do not hav[e] the capacity or resources to seek out alternative coverage; and result in missed treatments for follow-up appointments due to coverage gaps or loss." Agency for Health Care Admin., Florida Managed Medical Assistance Waiver, Amendment Request, 10 (Sept. 3, 2021), https://www.medicaid.gov/sites/default/files/2022-03/fl-managed-medical-assistance-pa.pdf. And as AHCA notes, "even brief gaps in coverage can lead [to] otherwise preventable or treatable health problems, such as asthma, diabetes, and behavioral disorders, resulting in costly hospital admissions and emergency department visits." *Id.* For mothers with medical conditions or pregnancy-related complications, the consequences can be serious. "[P]erinatal depression is the most under-diagnosed obstetric complication in America . . . as many as 12% of all

pregnant or postpartum women experience depression in a given year, and for low-income women, the prevalence is doubled." *Id.* at 9. And "parental depression . . . can negatively affect a child's trajectory if unaddressed." *Id.* at 10.

The loss of coverage, along with the stress, anxiety, and confusion that Defendants' notices create, is causing irreparable harm. The record amply supports a finding that absent a class-wide preliminary injunction, class members will continue to suffer irreparable harm as a result of Defendants continued use of deficient termination notices. *See Adams v. Freedom Forge Corp.*, 204 F.3d 475, 487 (3d Cir. 2000) (holding a court could use inductive reasoning to find all the members of a class suffered the threat of irreparable harm "so long as the plaintiffs lay an adequate foundation from which one could draw inferences that the testifying plaintiffs are similarly situated—in terms of irreparable harm—to all the other plaintiffs"); *LaForest v. Former Clean Air Holding Co.*, 376 F.3d 48, 58 (2d Cir. 2004) (quoting *Adams* and recognizing that a court could rely on representative evidence showing that irreparable harm was classwide); *Mitson v. Coler*, 670 F. Supp. 1568, 1577 (S.D. Fla. 1987) (finding irreparable harm where Medicaid class members were threatened with potential denial of nursing home service).

III. The Balance of the Equities and Public Interest Weigh in Favor of Plaintiffs.

When the state is a party, the "balance of harms" and "public interest" factors of the preliminary injunction test merge such that the harm caused to the state in the

"balance of harms" prong is the same as the public interest. *Swain v. Junior*, 958 F.3d 1081, 1091 (11th Cir. 2020); *Eknes-Tucker v. Marshall*, No. 2:22-CV-184, 2022 WL 1521889, at *13 (M.D. Ala. May 13, 2022).

Here, both factors are sharply in Plaintiffs' favor. First, "[t]he vindication of constitutional rights and the enforcement of a federal statute serve the public interest almost by definition." *Colonel Fin. Mgmt. Officer v. Austin*, 622 F. Supp. 3d 1187, 1215 (M.D. Fla. 2022); *see also United States v. Alabama*, 691 F.3d 1269, 1301 (11th Cir. 2012) (noting that the "[f]rustration of federal statutes and prerogatives [is] not in the public interest . . ."). Nor would the specific relief sought here be particularly burdensome: "adding at least a few sentences of reasoning to one or more . . . letters would not plausibly burden" Defendants. *C.R.*, 559 F. Supp. 3d at 1340-41; *see also Barnes v. Healy*, 980 F.2d 572, 579 (9th Cir. 1992) ("There is no significant administrative burden to outweigh the probable value of this additional safeguard . . . meaningful notice requires specific reasons."); *see also Haitian Refugee Center, Inc. v.* Nelson, 872 F.2d 1555, 1562-63 (11th Cir. 1989) (affirming district court's classwide preliminary injunction requiring government agency to "set forth the factual basis [in decisions about immigration applications] with sufficient specificity" and rejecting agency's argument that such a requirement "would entail significant administrative and financial burdens.").

In contrast, termination of Medicaid benefits is defined as *per se* irreparable harm for vulnerable Medicaid enrollees. The harm to plaintiffs thus "outweighs whatever minimal harm a preliminary injunction might visit upon the State." *Lebron v. Wilkins*, 820 F. Supp.2d 1273, 1293 (M.D. Fl. 2011), *aff'd*, *Lebron v. Sec'y, Fla. Dep't of Child. &* Families, 710 F.3d 1202 (11th Cir. 2013). As the *Goldberg* Court concluded, "the interest of the eligible recipient in uninterrupted receipt of public assistance, coupled with the State's interest that his payments not be erroneously terminated, clearly outweighs the State's competing concern to prevent any increase in its fiscal and administrative burdens." 397 U.S. at 266.

CONCLUSION

Plaintiffs ask the Court to issue a preliminary injunction ordering Defendants to: (1) prospectively reinstate Medicaid coverage for Plaintiffs and others similarly situated until Defendants provide them with adequate and timely written notice and the opportunity for a de novo fair hearing prior to termination of services and (2) cease further Medicaid terminations until such notice and opportunity for a hearing is provided.

Plaintiffs also request that the court waive or require only a nominal amount for security. *BellSouth Telecommunications, Inc. v. MCIMetro Access Transmission Servs., Liab. Ltd. Corp.*, 425 F.3d 964, 971 (11th Cir. 2005) ("[I]t is well-established that 'the amount of security required by the rule is a matter within the discretion of

the trial court . . . [, and] the court may elect to require no security at all.'") (citation omitted). Public interest litigation is a recognized exception to the bond requirement. *See Vigue v. Shoar*, No. 3:19-CV-186-J-32JBT, 2019 WL 1993551, at *3 (M.D. Fla. May 6, 2019) (citing *City of Atlanta v. Metropolitan Atlanta Rapid Transit Auth.*, 636 F.2d 1084, 1094 (5th Cir. 1981)).

Dated: August 22, 2023

Respectfully submitted,

FLORIDA HEALTH JUSTICE PROJECT

By: */s/ Katy DeBriere*

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** *Application for admission pro hac vice forthcoming.*

CERTIFICATE OF SERVICE

I hereby certify that, on August 22, 2023, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system. I further certify that I served by process server the foregoing on the following non-CM/ECF participant:

Shevaun Harris, Secretary
Department of Children and Families
2415 N. Monroe St., Ste. 400
Tallahassee, FL 32303-4190
(850) 487-1111

Jason Weida, Secretary
Agency for Health Care Administration
2727 Mahan Dr.
Tallahassee, FL 32308
(888) 419-3456

/s/Katy DeBriere
Katy DeBriere

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

Chianne D., et al.,

Plaintiffs,

v. Case No.

Jason Weida, in his official capacity as Secretary for the Florida Agency for Health Care Administration, et al.,

Defendants.
_____/

APPENDIX OF EXHIBITS IN SUPPORT OF PLAINTIFFS' MOTION FOR A CLASSWIDE PRELIMINARY INJUNCTION

Exhibit Number	Title of Exhibit
Exhibit 1	Appendix
Exhibit 2	Declaration of Chianne D.
Exhibit 3	Declaration of Jennifer V.
Exhibit 4	Kimber Taylor notice
Exhibit 5	G.M. notice
Exhibit 6	L.M.J notice
Exhibit 7	M.G. notice
Exhibit 8	L.S. notice
Exhibit 9	DCF reasons codes list
Exhibit 10	F.M. notice
Exhibit 11	A.H. notice
Exhibit 12	Declaration of Kimber Taylor
Exhibit 13	DCF template notice of Medicaid ineligibility

DECLARATION OF CHIANNE D.

I, Chianne D., hereby declare under the pains and penalties of perjury that the following is true and correct and based on personal knowledge:

1. I am twenty-five years old. I live in Jacksonville, Florida.

2. I live with my husband and our two children, C.D., age two, and S.D., age six months.

3. C.D. was diagnosed with Cystic Fibrosis in 2021 when she was an infant and has been on Medicaid since she was diagnosed.

4. Throughout her life, C.D. has relied on Medicaid to cover all her medical care. This medical care includes daily prescription drugs that are critical for C.D.'s health: Trikafta (treats cystic fibrosis), Pulmozyme (used to improve lung function), and Creon (enzymes that assist with digestion). Trikafta has been proven to dramatically extend the lives of those with Cystic Fibrosis and costs approximately $26,000 a month without insurance. C.D.'s health has made significant progress because of the drug. Her regular medical care also includes: medical daycare, physician and therapy visits, medical equipment like her nebulizer and chest compression vest, and, at times, hospitalizations.

5. I have been enrolled in Medicaid since 2022. I have relied on Medicaid to cover my regular medical care as well as my care related to pregnancy. I also

have a birth control device in my arm that I had inserted when I had Medicaid coverage. Now that I am currently without Medicaid coverage, I cannot get the device removed unless I pay out of pocket. I have no coverage for post-partum care even though I gave birth to S.D. six months ago.

6. On July 11, 2022, DCF sent us a notice saying that C.D. and I were Medicaid eligible. The notice also stated that S.D., who was unborn, was Medicaid eligible at that time. A copy of that notice is attached hereto as Exhibit A. At that time, I was known as Chianne K. I gave birth to S.D. in February 2023.

7. C.D. and I lost Medicaid coverage on May 31, 2023.

8. I first learned of the imminent loss of Medicaid coverage for C.D. and me by chance when I called United Healthcare on or around May 29th to request a change in my healthcare provider. On that call, I was told that Medicaid for both of us would be terminated at the end of the month.

9. I then checked my online DCF ACCESS account and found a 12-page document titled "Notice of Case Action" dated April 24, 2023. A copy of this notice is attached to my declaration as Exhibit B; the page numbers in the exhibit were added to the original notice. I do not know why my email did not alert me to the presence of this notice in my ACCESS account.

10. I did not understand the notice. There were multiple conflicting and confusing sections on Medicaid and a program called "Medically Needy." I tried my best but could not understand what this notice meant or why we were losing Medicaid coverage.

11. On page two of the notice, it reads "[y]our application/review dated April 21, 2023 is denied for April, May and June 2023." This section lists all four of us in the household as ineligible. This made no sense. I knew we had all received coverage in April and May 2023. I remain fearful that this means we will be asked to pay back Medicaid for services, including C.D.'s very expensive prescription drugs, for April and May. Underneath the list of household members who were denied coverage, the notice says: "Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM."

12. I do not understand this reason. I am confused about what "this program" and "another program" means. The notice also does not say what the state thought our household income was; or what the income limit is for different family members so I do not know if there was a mistake. The notice also doesn't explain what the other program "providing the same type of assistance" is, so I did not understand how to access coverage in that "other

program," or whether it would cover all the medications and treatments that my daughter C.D. needs. It was also very upsetting to see that my newborn son, S.D., continued to remain eligible for Medicaid but that my medically complex daughter's coverage was being terminated.

13. I remain completely confused by the notice. There were three different sections labeled "Medically Needy," but they had different information. Some listed all four household members, some sections left out household members. I don't understand what this means for our family. Two sections listed a "share of cost." I also don't understand what this number is, how it was calculated, or why it is repeated twice in the notice.

14. Some sections said our benefits were ending May 31, 2023. But other sections said some benefits were approved June 2023 and ongoing.

15. Some sections had a "reason" listed that said we were still receiving assistance in another program. Other sections didn't have reasons at all.

16. It was impossible to figure out what was happening or what to do next. After reading through the notice, I wrote down 17- or 18 questions that I had regarding the inconsistencies and confusing language of the notice.

17. The next day, May 30th, I called DCF seeking answers and the agent was unwilling or unable to answer my questions. The agent told me "I'm not going to sit here and answer your questions" and "I don't know why you're

not getting this." When I pressed for an answer to what the reason "YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM" meant, the agent told me "I have a rule that says I cannot talk to you for over 20 minutes." The agent was unable to answer my questions. I explained that C.D.'s need for coverage was urgent and ongoing.

18. Based on the notice and DCF's refusal to answer my questions, it was impossible for me to figure out the status of C.D.'s coverage and if I needed to do something to keep it.

19. I also did not have enough time to find C.D. alternate forms of healthcare coverage, and because of that she experienced a gap in coverage where she was unable to access her Trikafta, a life-saving medication, and other necessary care.

20. After C.D.'s Medicaid was terminated at the end of May 2023, what I feared the most happened. C.D. lost access to all her Medicaid covered health care services. She had no coverage for the month of June, including her medical daycare, and she had to stay home where I could care for her. She missed two weeks of her prescription drug, Trikafta, and three weeks of her drug, Pulmozyme. Luckily, we had extra enzymes because of a switch in the brand that United Healthcare Medicaid was willing to cover shortly before all of this started or she would have had to miss doses of that drug as well.

21. The loss of C.D.'s Medicaid eligibility was extremely challenging. As a result of missing a week of her medication, C.D. lost her appetite and was constantly tired and moody due to her sodium being too low. In addition to providing care for C.D. around the clock, I was caring for my now six-month-old son, S.D., and I was in school full-time.

22. On June 7, 2023, C.D. developed a loud, persistent cough. We did her usual treatments including a breathing treatment and using her chest compression vest but she needed medical attention to help clear her airway. I would normally take C.D. to her primary care provider in this situation, but I had to go to the hospital instead because C.D. did not have health insurance. We waited in the emergency room for several hours, which she is supposed to avoid due to her suppressed immune system. Once we finally saw a doctor, they took x-rays, did a throat culture, and prescribed a steroid and antibiotic. We had to borrow money from my mother to pay for the drugs out of pocket. Additionally, I received a bill from the hospital visit for $4517 which was reduced to $2800 with the self-pay discount. The bill has since been sent to collections. We have other unpaid medical bills we incurred for C.D. in June including a radiology charge performed by a specialist during her emergency room visit and the monthly cost of her nebulizer replacement and related supplies. Those bills total $1136.00.

23. I also had to cancel a doctor's appointment for C.D. while she was uninsured.

24. My husband and I are starting to set aside money to begin payment on C.D.'s bills but, given that my husband's work is greatly reduced in the summer months, we cannot yet start payment. Because we are saving money to pay the bills, we have had to make other difficult financial decisions. This includes asking my mom for help paying for new clothes for S.D. who just went through a growth spurt. We have also decided to delay the introduction of solid foods to S.D. because we cannot afford to buy them. We took money out of savings in the month of July to pay for his diapers. Given our limited income, additional financial burden from the medical debt is causing our family a lot of stress.

25. I was ultimately able to get C.D. enrolled in Florida's KidCare program, administered through Florida Healthy Kids Corporation (FHKC), effective July 1, 2023. This is a program with similar benefits to Medicaid. However, unlike Medicaid, which had no premium or cost sharing, my family pays a monthly premium of $248 for C.D.

26. I learned of KidCare during my May 30th call with DCF. The DCF agent suggested I determine whether C.D. was eligible for the program. She also stated that DCF should have transferred C.D. directly to FHKC for a

determination of her KidCare eligibility but that the agent did not have any record of DCF doing so.

27. By the time I was able to get actual clarity about C.D.'s eligibility status for Medicaid and whether KidCare would continue to cover all of her daily medical care, it was past June 1, 2023, and so her KidCare enrollment would not be effective until July 1, 2023, no matter what I did.

28. I am upset that, had DCF properly transferred C.D. to FHKC for a determination of KidCare enrollment and provided me comprehensible notice regarding the same, I could have tried to avoid a gap in C.D.'s coverage and we wouldn't have medical bills at collections now.

29. When I first learned we were losing coverage, I wasn't really thinking about my own coverage at the time, because I have a medically complex daughter who requires daily health services, and I was totally focused on her.

30. But I just learned that I could still be on Medicaid postpartum coverage because I was on Medicaid while pregnant with S.D. and I gave birth to him less than 12 months ago.

31. It is upsetting that the notice didn't mention that option at all and now I have lost coverage as well. I didn't even know to ask DCF about whether I could remain eligible this way. And in my conversations with DCF about C.D.'s

care, no one has mentioned anything about my recent birth to S.D. or the potential for postpartum Medicaid for me.

32. I do not have any health coverage at this time. I am usually very healthy, but in June and July, I was sick three times. Taking care of a newborn and meeting C.D.'s medical needs combined with the lapse in C.D.'s insurance and our current financial strain, I have been extremely stressed. I think the stress is making me sick, but I cannot see a doctor because I do not currently have any health insurance.

33. In light of the foregoing, I am concerned that other Medicaid recipients will experience the same problems we experienced. I respectfully request relief ordering DCF to reinstate my family's Medicaid coverage.

Dated: Aug 19, 2023

Chianne D., Declarant

Exhibit A

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

July 11, 2022

Case: [redacted]

Phone: (386) 624-0124

[redacted]
JACKSONVILLE FL [redacted]

Dear Chianne [redacted]

The following is information about your eligibility.

Medicaid

Your application for Medicaid dated July 08, 2022 is **approved**. You are eligible for the months listed below:

Name	Aug, 2022 Ongoing
[redacted]	Eligible
Chianne [redacted]	Eligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances no later than 10 days after the change occurs.

If you have access to a computer, you may report your changes online at the ACCESS Florida website located at www.myflorida.com/accessflorida or by calling the Customer Call Center toll free at (866) 762-2237.

If you enroll in Medicaid managed health care, the Agency for Health Care Administration (AHCA) will send you information about your Medicaid options. If you do not pick a plan on your own, AHCA will enroll you in a plan.

If you get Medicaid for your child(ren) only, you do not have to cooperate with Child Support Enforcement (CSE). However, their services to locate an absent parent, establish paternity, or get child support or medical support are available to you free of charge. If you do not cooperate, it will not affect your children's Medicaid.

Children eligible for the Medicaid may enroll in the Child Health Check-up Program. This program provides regularly scheduled health checkups, dental screenings, immunizations and other medical services for children. For information on the Child Health Check-up Program, visit the Agency for Health Care Administrations information page at: http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml.

Medicaid

Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
Chandler D[redacted]	Eligible

We have reviewed your Medicaid eligibility and determined you are no longer eligible for Medicaid coverage. To make sure you have Medicaid coverage during the COVID-19 Pandemic Health Emergency we will keep your Medicaid coverage open until the end of the month the federal government determines the emergency is over. You must continue to report any changes in your household circumstances while you remain open so we can redetermine their eligibility based on the most up-to-date information once the health emergency ends.

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at https://dcf-access.dcf.state.fl.us/access/index.do

Important Information for Food Assistance or Temporary Cash Assistance Recipients:
When it is time for your food assistance or Temporary Cash Assistance review, you will receive a separate notice telling you what to do in order to complete your review.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. You can then get into your account with a user name and password of your choice to track the status of your application or review, view notices, report changes, apply for additional benefits, print a temporary Medicaid card (if Medicaid eligible) and view your current level of benefits.

Medicaid for Unborn Babies:

If you are pregnant, your unborn baby was given a Medicaid Identification number and was added to Medicaid. The baby's benefits will begin when we are notified of the birth and the card is activated. You will get a notice when this happens.

You will receive a Medicaid Gold card with the unborn baby's name listed as Babyof (your name). Give a copy of the card to the hospital and any doctors or providers who will be treating your baby. You can use this card until you receive a new one with the baby's name.

Call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to report the birth of your baby as soon as possible.

Medicaid for Newborn Babies:

Your newborn baby is eligible for Medicaid starting July 01, 2022

If you received a Medicaid card for the baby before birth, you can use that card until you receive a new one. If you do not receive a new card with the baby's name within 30 days, call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to request one.

If you want any other benefits for the baby, you will need to complete an application.

If you were in a Medicaid HMO in the month of your baby's birth and your baby had a Medicaid number before birth, your baby was assigned to your HMO when Medicaid started.

If your baby did not have a Medicaid card before birth, contact the Statewide Medicaid Managed Care Help Line toll free at 1-877-711-3662; Telecommunications device for the deaf (TDD) 1-866-467-4970 or visit the website at www.flmedicaidmanagedcare.com to learn more about healthcare and HMO options for your baby.

Name	Jul, 2022	Aug, 2022 Ongoing
Babyaofchianna K[redacted]	Eligible	Eligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $57,414 in 2021? You may be eligible for an Earned Income Tax Credit up to $6,728. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب.
850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે.
850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Exhibit B

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

April 24, 2023

Case: [redacted]

Phone: (386) 481-9210

CHIANNE [redacted] D[redacted]
[redacted]
JACKSONVILLE FL [redacted]

Dear Chianne [redacted] D[redacted]

The following is information about your eligibility.

Food Assistance

Your Food Assistance application/review dated March 21, 2023 is **denied** for the following months:

Name	Mar, 2023	Apr, 2023	May, 2023	Jun, 2023
S[redacted] D[redacted]	Ineligible	Ineligible	Ineligible	Ineligible
C[redacted] D[redacted]	Ineligible	Ineligible	Ineligible	Ineligible
Chianne D[redacted]	Ineligible	Ineligible	Ineligible	Ineligible
Chandler D[redacted]	Ineligible	Ineligible	Ineligible	Ineligible

Reason: YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.31

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. If you need to complete a recertification, you have until the end of your current certification period to complete the interview without having to submit a new application. However, if your case is already denied or closed because you missed your interview, you must reapply, if your certification period has ended.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally

turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Please report if anyone in your household receives an approval of public assistance or Supplemental Security Income (SSI).

Free legal services are available at floridalawhelp.org.

Medicaid

Your Medicaid application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023	Jun, 2023
S[redacted] D[redacted]	Ineligible	Ineligible	Ineligible
C[redacted] D[redacted]	Ineligible	Ineligible	Ineligible
Chianne D[redacted]	Ineligible	Ineligible	Ineligible
Chandler D[redacted]	Ineligible	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM
YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S),

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 21, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	**Jun, 2023 Ongoing**
S[redacted] D[redacted]	Ineligible
Chianne D[redacted]	Enrolled
Chandler D[redacted]	Ineligible
Share of Cost	$4833.00

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If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?
Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is $800 and you go to the hospital on May 10th and receive a bill for $1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?
- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?
You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:
- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
S[redacted] D[redacted]	Ineligible	Ineligible
C[redacted] D[redacted]	Ineligible	Ineligible
Chianne D[redacted]	Ineligible	Ineligible
Chandler D[redacted]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

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turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 21, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	**Jun, 2023 Ongoing**
S[redacted] D[redacted]	Ineligible
C[redacted] D[redacted]	Enrolled
Chandler D[redacted]	Ineligible
Share of Cost	$4833.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

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What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?
Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month

are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is $800 and you go to the hospital on May 10th and receive a bill for $1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?
- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?
You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:
- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
S[redacted] D[redacted]	Ineligible	Ineligible
C[redacted] D[redacted]	Ineligible	Ineligible
Chianne D[redacted]	Ineligible	Ineligible
Chandler D[redacted]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid for Unborn Babies:

If you are pregnant, your unborn baby was given a Medicaid Identification number and was added to Medicaid. The baby's benefits will begin when we are notified of the birth and the card is activated. You will get a notice when this happens.

You will receive a Medicaid Gold card with the unborn baby's name listed as Babyof (your name). Give a copy of the card to the hospital and any doctors or providers who will be treating your baby. You can use this card until you receive a new one with the baby's name.

Call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to report the birth of your baby as soon as possible.

Medicaid for Newborn Babies:

Your newborn baby is eligible for Medicaid starting June 01, 2023

If you received a Medicaid card for the baby before birth, you can use that card until you receive a new one. If you do not receive a new card with the baby's name within 30 days, call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to request one.

If you want any other benefits for the baby, you will need to complete an application.

If you were in a Medicaid HMO in the month of your baby's birth and your baby had a Medicaid number before birth, your baby was assigned to your HMO when Medicaid started.

If your baby did not have a Medicaid card before birth, contact the Statewide Medicaid Managed Care Help Line toll free at 1-877-711-3662; Telecommunications device for the deaf (TDD) 1-866-467-4970 or visit the website at www.flmedicaidmanagedcare.com to learn more about healthcare and HMO options for your baby.

Name	**Jun, 2023 Ongoing**
S[redacted] D[redacted]	Eligible
Chianne D[redacted]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not

eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

C[redacted] D[redacted]

Chianne D[redacted]

Chandler D[redacted]

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.095

For Medicaid, if you complete your review and return all information we asked you to give us by the 90 th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at http://www.myflorida.com/accessflorida/ using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب.
850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે.
850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

DECLARATION BY JENNIFER V.

I, Jennifer V., hereby declare under the pains and penalties of perjury that the following is true and correct and based on personal knowledge:

1. I am 44 years old. I live in Miami, Florida.

2. I live with my husband, Henry V., and our two children, along with four children from my first marriage. I have a fifth child from my first marriage who is an independent adult and not part of our household, but she stays with us off and on.

3. I make this Declaration because the Florida Department of Children and Families (DCF) did not provide notice that I could understand explaining why our youngest child, A.V., is losing Medicaid coverage or our right to appeal that decision.

4. A.V. has been on Medicaid since shortly after she was born on May 16, 2022. I applied for Medicaid after she was born, and she was enrolled in June 2022. Three of my other children are enrolled in Florida KidCare (Florida's Children's Health Insurance Program (CHIP)) and one child, N.C., age nineteen, is on Medicaid because she receives Supplemental Security Income (SSI).

5. A.V. relies on Medicaid to cover her medical care. This medical care includes all of her well-child checkups and vaccines.

6. A.V. had an appointment for a vaccination on June 6, 2023. However, on or about June 5th, I got a call from her pediatrician's office saying that she was no longer insured and that our appointment was being canceled.

7. I do not recall when I saw the attached notice from DCF dated May 16, 2023 (Exhibit A to this declaration), which, I now understand, was apparently meant to notify me that A.V. had been terminated from Medicaid. Page numbers have been added to the attached notice.

8. The entire notice is extremely confusing. When I read the notice, I had no idea that DCF intended it to be a "termination notice," sent to inform me that A.V.'s Medicaid was ending as of May 31, 2023. It did not even mention that her Medicaid will end until the bottom of the fifth page.

9. The first five pages of the notice talked about Medically Needy. The notice has seven different sections labeled "Medically Needy," and each section has different information. Different sections listed different family members (though some family members were listed in more than one section); some sections had different "share of cost" amounts for the same month. The notice did not explain how this "share of cost" amount was calculated, or why it changed depending on which section of the notice it is listed in.

10. After the notice states "your Medicaid benefits for the person(s) listed below will end on May 31, 2023," (bottom of page 5), it lists everyone in the

household except N.C., who receives Medicaid because of her SSI eligibility, and on page 6 it says the "[r]eason" is: "YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP".

11. The notice did not explain what the "DIFFERENT MEDICAID COVERAGE GROUP" was, and I was confused about what the phrase meant. I thought that A.V. should still be on Medicaid because the notice stated that she was in a "different Medicaid coverage group," and I believed that she was still eligible for Medicaid because she is a one-year-old. Also, based on my prior experience with Medicaid, I thought it could mean that she was being transferred to a new Medicaid managed care plan.

12. I was also confused that other family members were listed as having "their Medicaid benefits end" because only two of my children, A.V. and N.C., were enrolled in Medicaid as of May 2023.

13. I also did not understand the section of the notice about requesting a fair hearing.

14. After her pediatrician's office said she had no insurance, my husband also tried to find out what happened and determine whether we could get A.V. covered by some type of health insurance. He called A.V.'s Medicaid managed care plan, the federally facilitated marketplace (FFM) and the

Florida Healthy Kids Corporation (FHKC) which is in charge of Florida's KidCare program. FHKC told my husband we needed to open a separate account on ACCESS and reapply for Medicaid for A.V. This made no sense to me, and I was afraid that opening a new account would create more confusion. It was truly impossible to figure out what was happening or what to do next.

15. My husband and I both work and we also take care of two children with disabilities. Additionally, I provide support to my first husband, a veteran who suffers from extreme post-traumatic stress disorder.

16. I think our income is below the Medicaid limit for young children and we need to get A.V.'s Medicaid reinstated as soon as possible if she is Medicaid eligible. As a mother to seven children, I am aware of the fact that children have inevitable and unpredictable medical needs. Even though our daughter is currently healthy, she could have a sudden illness or accident. She also needs to have insurance so she can go to her well-child checkup and receive necessary vaccines, including one that she missed because of her loss of Medicaid eligibility. The fact that she does not have an insurance card and a current pediatrician I can call is causing me tremendous stress and anxiety.

17. In light of the foregoing, I am concerned that other Medicaid recipients and/or their parents will experience the same problems that I have in being

unable to understand why my child lost Medicaid and what our appeal rights are. I appreciate the Court's attention to this matter.

Dated: Aug 19, 2023

Jennifer V [redacted]

Jennifer V., Declarant

Exhibit A

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

MYFLFAMILIES.COM

May 16, 2023 Case: [redacted] Phone: (305) 506-3470

JENNIFER V [redacted]
MIAMI FL [redacted]

Dear Jennifer V [redacted]

The following is information about your eligibility.

Medically Needy

Your estimated share of cost has gone down from $6213.00 to $6042.00 per month effective June 01, 2023.

Name	Status
Jennifer V [redacted]	Enrolled
A [redacted] C [redacted]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medically Needy

Your estimated share of cost has gone down from $5619.00 to $5547.00 per month effective June 01, 2023.

Name	Status
H[redacted] V[redacted]	Enrolled
A[redacted] C[redacted]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medically Needy

Your estimated share of cost has gone down from $5718.00 to $5646.00 per month effective June 01, 2023.

Name	Status
A[redacted] C[redacted]	Ineligible
D[redacted] C[redacted]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from $5718.00 to $5646.00 per month effective June 01, 2023.

Name	Status
A[redacted] C[redacted]	Ineligible
J[redacted] C[redacted]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from $5718.00 to $5646.00 per month effective June 01, 2023.

Name	Status
A[redacted] C[redacted]	Ineligible
L[redacted] V[redacted]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 07, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
A[redacted] V[redacted]	Enrolled
A[redacted] C[redacted]	Ineligible
Share of Cost	$5646.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?
Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is $800 and you go to the hospital on May 10th and receive a bill for $1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?
- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?
You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:
- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 07, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
A[redacted] V[redacted]	Ineligible	Ineligible
A[redacted] C[redacted]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

A[redacted] V[redacted]
Henry V[redacted]
Jennifer V[redacted]
A[redacted] C[redacted]
D[redacted] C[redacted]

J[redacted] C[redacted]

L[redacted] V[redacted]

Reason: YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

For Medicaid, if you complete your review and return all information we asked you to give us by the 90 th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at http://www.myflorida.com/accessflorida/ using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list . To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida . You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب.
850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich.. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે.
850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ
โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

June 8, 2023 Case: [redacted] Phone: (352) 415-6249

KIMBER TAYLOR
[redacted]
JACKSONVILLE FL [redacted]

Dear Kimber Taylor

The following is information about your eligibility.

Cash Assistance

Your Cash Assistance application/review dated May 08, 2023 is **denied** for the following months:

Name	Jun, 2023	Jul, 2023
K[redacted] H[redacted]	Ineligible	Ineligible
Kimber Taylor	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-4.220

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for TCA (Cash Assistance)

If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verification.

If you are no longer eligible for Medicaid
You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated May 08, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	**Jul, 2023 Ongoing**
K[redacted] H[redacted]	Enrolled
Kimber Taylor	Ineligible
Share of Cost	$3644.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to

ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?
Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is $800 and you go to the hospital on May 10th and receive a bill for $1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?
- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?
You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:
- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated May 08, 2023 is **denied** for the following months:

Name	May, 2023	Jun, 2023
K[redacted] H[redacted]	Ineligible	Ineligible
Kimber Taylor	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

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Medicaid

Your Medicaid benefits for the person(s) listed below will end on June 30, 2023.

Name

K[redacted] H[redacted]

Kimber Taylor

Reason: YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

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If you are no longer eligible for SNAP (Food Assistance)
If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

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Options for Healthcare
Below you will find several options where you may be able to obtain health care for yourself and your family if you are not eligible for Medicaid.

Florida KidCare

If you have children under 18 and your child no longer qualifies for Medicaid, Florida KidCare is a low-cost option to keep your children covered with high-quality health and dental insurance. We will automatically share your information with Florida KidCare (floridakidcare.org) and they will send you a letter about how to sign up. Many families pay just $15 or $20 a month to cover all qualifying children in the household. Keep an eye out for a notice from Florida KidCare.

Federally Subsidized Health Programs

Healthcare.gov provides health insurance, including low-cost subsidized income-based plans. You can also contact their call center at 1-800-318-2596 (TTY: 1-855-889-4325). You can start your application now to obtain coverage as soon as possible. Answer "Yes" when asked if anyone has been found not eligible or had coverage terminated for Medicaid or Children's Health Insurance in the last 90 days.

Healthcare Navigators

Healthcare Navigators provide free services to individuals who need help to find the best health insurance options within the Federal Marketplace. The Florida Chief Financial Officer provides a list of Florida-registered and federally certified Navigators at myfloridacfo.com. You can contact these organizations directly at any time.

The Florida Chief Financial Officer webpage also provides a resource guide on Health Insurance and HMO Overview at myfloridacfo.com.

Federally Qualified Health Centers (FQHCs) and Look-Alikes (LALs)

FQHCs are not insurance but health care providers who provide medical care for clients with limited or no health insurance. Services are offered on a sliding scale based on income. You can locate FQHCs and LALs by State at data.hrsa.gov.

Commercial Coverage

Provides health care coverage (including employer sponsored or private) for a monthly fee, and coordinate care for clients through a defined network of physicians and hospitals. The Florida Chief Financial Officer's website provides guidance on purchasing insurance at myfloridacfo.com.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under “Find Us”. You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida’s Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child’s parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

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Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

July 20, 2023 Case: [redacted] Phone: (305) 420-3784

G[redacted] M[redacted]
[redacted]
MIAMI FL [redacted]

Dear G[redacted] M[redacted]

The following is information about your eligibility.

Medicaid

Your Medicaid application/review dated June 19, 2023 is **denied** for the following months:

Name	Jun, 2023	Jul, 2023	Aug, 2023
J[redacted]	Ineligible	Ineligible	Ineligible
E[redacted]	Ineligible	Ineligible	Ineligible
G[redacted] M[redacted]	Ineligible	Ineligible	Ineligible
L[redacted]	Ineligible	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM
YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S),

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for TCA (Cash Assistance)
If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verification.

If you are no longer eligible for Medicaid
You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medically Needy

Your Medically Needy Share of Cost will increase from $4859.00 to $5092.00 as of August 01, 2023.

Name	Status
E[redacted]	Ineligible
G[redacted] M[redacted]	Enrolled

Reason: Account Transfer to Florida Healthy Kids/Federally Facilitated Marketplace

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), XXXXXXXXXX

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center at 850-300-4323, or by mail to the return address at the top of this notice.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated June 19, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	**Aug, 2023 Ongoing**
E[redacted]	Ineligible
L[redacted]	Enrolled
Share of Cost	$5092.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?
Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is $800 and you go to the hospital on May 10th and receive a bill for $1000, you have met the "share of cost" and are Medicaid eligible from May 10th through

May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?
- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?
You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:
- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated June 19, 2023 is **denied** for the following months:

Name	Jun, 2023	Jul, 2023
E[redacted]	Ineligible	Ineligible
L[redacted]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for TCA (Cash Assistance)
If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verification.

If you are no longer eligible for Medicaid
You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medicaid

Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
J[redacted]	Ineligible
E[redacted]	Eligible
G[redacted] M[redacted]	Ineligible
L[redacted]	Ineligible

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at https://dcf-access.dcf.state.fl.us/access/index.do

Important Information for Food Assistance or Temporary Cash Assistance Recipients:
When it is time for your food assistance or Temporary Cash Assistance review, you will receive a separate notice telling you what to do in order to complete your review.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. You can then get into your account with a user name and password of your choice to track the status of your application or review, view notices, report changes, apply for additional benefits, print a temporary Medicaid card (if Medicaid eligible) and view your current level of benefits.

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

April 17, 2023 Case: [redacted] Phone: (786) 257-5465

L[redacted] M[redacted]
[redacted]

Dear L[redacted] M[redacted]

The following is information about your eligibility.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on April 30, 2023.

Name

L[redacted] M[redacted]

J[redacted]

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM
YOUR MEDICAID FOR THIS PERIOD IS ENDING

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S),

For Medicaid, if you complete your review and return all information we asked you to give us by the 90 th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at http://www.myflorida.com/accessflorida/ using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list . To locate a DCF Office, go to www.myflfamilies.com/access-service-centers .

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www myflorida com/accessflorida . You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

Medicaid

Your application for Medicaid dated March 20, 2023 is **approved**. You are eligible for the months listed below:

Name	**May, 2023 Ongoing**
L[redacted] M[redacted]	Ineligible
J[redacted]	Eligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances no later than 10 days after the change occurs.

If you have access to a computer, you may report your changes online at the ACCESS Florida website located at www.myflorida.com/accessflorida or by calling the Customer Call Center toll free at (866) 762-2237.

If you enroll in Medicaid managed health care, the Agency for Health Care Administration (AHCA) will send you information about your Medicaid options. If you do not pick a plan on your own, AHCA will enroll you in a plan.

If you get Medicaid for your child(ren) only, you do not have to cooperate with Child Support Enforcement (CSE). However, their services to locate an absent parent, establish paternity, or get child support or medical support are available to you free of charge. If you do not cooperate, it will not affect your children's Medicaid.

Children eligible for the Medicaid may enroll in the Child Health Check-up Program. This program provides regularly scheduled health checkups, dental screenings, immunizations and other medical services for children. For information

on the Child Health Check-up Program, visit the Agency for Health Care Administrations information page at: http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on April 30, 2023.

Name

L[redacted] M[redacted]

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM
YOUR MEDICAID FOR THIS PERIOD IS ENDING

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702 65A-1.704

For Medicaid, if you complete your review and return all information we asked you to give us by the 90 th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at http://www.myflorida.com/accessflorida/ using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list . To locate a DCF Office, go to www.myflfamilies.com/access-service-centers .

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www myflorida com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under “Find Us”. You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida’s Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child’s parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

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850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે.
850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ
โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

June 14, 2023 Case: [redacted] Phone: (772) 409-2255

M[redacted] G[redacted]
[redacted]

Dear M[redacted] G[redacted]

The following is information about your eligibility.

Food Assistance

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 2.

Name	**Jul, 2023 Thru January 31, 2024**
A[redacted]	Eligible
M[redacted] G[redacted]	Eligible
Benefit Amount	$516.00

Certain food assistance recipients, known as Able-Bodied Adults Without Dependents (ABAWDs) will have to meet work requirements to be eligible to receive food assistance benefits. An ABAWD is an able-bodied adult without a dependent who is age 18 through 49; physically and mentally able to work; not living and eating with a child under age 18; not pregnant; and not exempt from food assistance general employment program work requirements. **If you are identified as an ABAWD, you will be referred to participate in the SNAP Employment and Training program, operated by local workforce development areas (LWDA) also known as CareerSource. To find your local LWDA or to learn more about services offered, please visit:** https://lcd.floridajobs.org/ .

If you are identified as an ABAWD and fail to comply with work requirements, or do not have good reason not to participate, a sanction will be imposed that stops or reduces food assistance benefits. If your case is closed, you can reapply if you are exempt from work requirements, have good reason to not participate, or are working or volunteering 20 hours per week, averaged 80 hours per month.

More information about food assistance work activities, including exemptions and reasons for good cause, can be found at http://www.myflfamilies.com/service-programs/access-florida/abawdfaq .

For Food Assistance benefits, the only change you must report during your certification period is when your household's monthly gross income is more than your income limit of $1,984.00. You must report this change within 10 days following the end of the month the change happens. If your household income was higher than this amount at the time of your last application or review, you should report changes at the next review. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

The requirement to report changes for Cash and Medicaid benefits is different. If you are receiving either of those benefits, you must still report all changes in your household's circumstances within 10 days.

For all programs, you must report when your address changes.

If you get Cash Assistance or Medicaid, you must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center at 850-300-4323, or by mail to the return address at the top of this notice.

Go to www.myflorida.com/accessflorida and update your MyACCESS account. You will need your case number, [redacted], to validate your account. Once you have validated your account you will be able to see the status of your benefits, view notices, renew benefits, request additional benefits, report changes, and upload documents.

Medicaid

Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
A[redacted]	Eligible
M[redacted] G[redacted]	Ineligible

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at https://dcf-access.dcf.state.fl.us/access/index.do

Important Information for Food Assistance or Temporary Cash Assistance Recipients:
When it is time for your food assistance or Temporary Cash Assistance review, you will receive a separate notice telling you what to do in order to complete your review.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. You can then get into your account with a user name and password of your choice to track the status of your application or review, view notices, report changes, apply for additional benefits, print a temporary Medicaid card (if Medicaid eligible) and view your current level of benefits.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on June 30, 2023.

Name

M[redacted] G[redacted]

Reason: YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for SNAP (Food Assistance)
If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

If you are no longer eligible for Medicaid
You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your

household has until the 30 h day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

July 24, 2023 Case: [redacted] Phone: (407) 552-0515

L[redacted] S[redacted]
[redacted]
[redacted]

Dear L[redacted] S[redacted]

The following is information about your eligibility.

Food Assistance

Your Food Assistance application/review dated July 17, 2023 is **denied** for the following months:

Name	Jul, 2023	Aug, 2023	Sep, 2023
A[redacted]	Ineligible	Ineligible	Ineligible
J[redacted]	Ineligible	Ineligible	Ineligible
A[redacted]	Ineligible	Ineligible	Ineligible
L[redacted] S[redacted]	Ineligible	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.31

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. If you need to complete a recertification, you have until the end of your current certification period to complete the interview without having to submit a new application. However, if your case is already denied or closed because you missed your interview, you must reapply, if your certification period has ended.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally

turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Please report if anyone in your household receives an approval of public assistance or Supplemental Security Income (SSI).

Free legal services are available at floridalawhelp.org.

Medicaid

Your application for Medicaid dated July 17, 2023 is **approved**. You are eligible for the months listed below:

Name	Aug, 2023	Sep, 2023 Ongoing
A[redacted]	Ineligible	Ineligible
J[redacted]	Ineligible	Ineligible
A[redacted]	Ineligible	Ineligible
L[redacted] S[redacted]	Eligible	Eligible

You have recently lost your Medicaid coverage, and are now enrolled in a special Medicaid program that provides family planning services. Your enrollment is good for one year from the loss of your Medicaid. After that time, you will be notified to renew your eligibility for the second year of this special program. Family Planning services will assist you with planning the growth of your family by supporting healthy choices and help you in planning for the future growth of your family.

The Family Planning Services are:
- Yearly family planning physical exams including pap smear
- Birth control supplies such as pills
- Pregnancy Tests
- Sexually transmitted disease (STD) counseling, testing and treatment
- Outpatient sterilization services
- Family planning related lab work

If you have any questions regarding your eligibility for the Family Planning program, please call the DCF service center at 1-850-300-4323.

If you have any questions regarding family planning services, please call the Family Health Line at 1-800-451-2229.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances no later than 10 days after the change occurs.

If you have access to a computer, you may report your changes online at the ACCESS Florida website located at www.myflorida.com/accessflorida or by calling the Customer Call Center toll free at (866) 762-2237.

If you enroll in Medicaid managed health care, the Agency for Health Care Administration (AHCA) will send you information about your Medicaid options. If you do not pick a plan on your own, AHCA will enroll you in a plan.

If you get Medicaid for your child(ren) only, you do not have to cooperate with Child Support Enforcement (CSE). However, their services to locate an absent parent, establish paternity, or get child support or medical support are available to you free of charge. If you do not cooperate, it will not affect your children's Medicaid.

Children eligible for the Medicaid may enroll in the Child Health Check-up Program. This program provides regularly scheduled health checkups, dental screenings, immunizations and other medical services for children. For information on the Child Health Check-up Program, visit the Agency for Health Care Administrations information page at: http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml.

Medically Needy

Your estimated share of cost has gone down from $4248.00 to $2482.00 per month effective September 01, 2023.

Name	Status
J[redacted]	Ineligible
L[redacted] S[redacted]	Enrolled

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You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center at 850-300-4323, or by mail to the return address at the top of this notice.

Medically Needy

Your Medically Needy has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
A[redacted]	Eligible
J[redacted]	Ineligible

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at https://dcf-access.dcf.state.fl.us/access/index.do

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DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under “Find Us”. You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida’s Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child’s parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

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If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

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850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Reason Codes used in APPL and CLOS between February 2017 and January 2019

Reason Code	Description	Total
001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	48
010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	32
012	STATEWIDE FOOD STAMP INCREASE	82
013	STATEWIDE INCOME DEDUCTION INCREASE	20
014	RECOUPMENT TO REPAY OVERPAYMENT HAS STARTED OR STOPPED	1
015	DUE TO A CHANGE IN SUPPLEMENTAL SECURITY INCOME (SSI) BENEFIT	1
016	DUE TO A CHANGE IN SOCIAL SECURITY ADMINISTRATION (SSA) BENEFIT	2
018	CHANGE IN FOOD STAMP BENEFITS	9
020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	129
021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	11
025	APPROVED FOR EMERGENCY BENEFITS FOR HURRICANE KATRINA EVACUEES	1
038	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	2
039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	18
040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	15,697,085
041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	4,801
042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	465,434
043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	52,885
044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	407,912
045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	435
046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1,345
047	YOU ARE APPROVED FOR MEDICAID THROUGH THE TICKET TO WORK PROGRAM	4
048	ALL ASSISTANCE GROUP MEMBERS RECEIVE TEMPORARY CASH ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI)	5
049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	148
050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	1,609,800
051	MONTHLY SHARE OF COST HAS BEEN MET	4,473
052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	252
053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	11
054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	183,635
057	RELOCATION ASSISTANCE APPROVED	65
060	CHANGE IN SHELTER AND/OR UTILITY COSTS	7,586
061	NEW OR INCREASED DEPENDENT CARE COSTS	226
062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	19
063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	187
064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	6
065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	18
070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	173
080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	27
081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	1,830
082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILIT	3,495
090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	708
091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	80
092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	8,628
093	YOU HAVE VERIFIED YOUR PREGNANCY	8,425
094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	2,560
095	YOUR BENEFITS WILL REMAIN THE SAME	1,786,818
096	YOU HAVE REQUESTED A HEARING	167
097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	253
098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	77
099	THE ASSISTANCE GROUP HAS MOVED	17,038
100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	513
110	DECREASE/LOSS OF EARNED INCOME	14,442
111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	10
120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3,331
121	THE WORK AND TRAINING ALLOWANCE HAS BEEN REMOVED	1
122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	62
125	PROVISIONAL MEDICAID APPROVED	2,957
140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	905
141	MEDICAL SERVICES SHOULD BE BILLED UNDER PIN #	5
142	MEDICAL SERVICES SHOULD BE BILLED UNDER SSI #	2
143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	1,080
144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	488
145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	185,073
146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	1,811
147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	11,762
148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1,791
149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	11
150	YOUR CLAIM OF UNDUE HARDSHIP IS DENIED	1
151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	20
152	YOUR CLAIM OF UNDUE HARDSHIP IS APPROVED	1
154	INELIGIBLE FOR LONG TERM CARE MEDICAID	53
155	ELIGIBLE FOR MEDICAID SERVICES OTHER THAN LONG TERM CARE	5

161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	4,555
162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	24
164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	89
165	CALL ABOUT THE $1000 SEVERANCE BENEFIT	2
166	REPAYMENT OF SEVERANCE BENEFIT IS MORE THAN CASH AMOUNT	2
167	TEMPORARY CASH REDUCED TO REPAY SEVERANCE BENEFIT	2
168	SEVERANCE BENEFIT HAS BEEN DENIED	34
169	YOU ARE NOT A RESIDENT OF FLORIDA	20,613
170	YOU ARE NOT AGE 65 OR OLDER	3,039
171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	8
172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	36
173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2,377
174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	126
175	YOU REQUESTED NOT TO BE ENROLLED	104
176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	26
177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	8
178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	67,718
179	FINANCIAL CONSENT WAS REVOKED	8,674
180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	377
181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	40
182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	26
183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	179
184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	17
185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	34,387
186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	331,990
187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	77
188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	24,423
189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	22
190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	12
191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	9
192	FAIL -FINANCIAL CONSENT WAS REVOKED	24
199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	11,156
201	NO CHILD SUPPORT DISREGARD	65
204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1,036
210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	386
215	DUE TO A CHANGE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
218	CHANGE IN FOOD STAMP BENEFITS	2,342
219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	27
220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	119
221	FAILURE TO SUBMIT YOUR COMPLETED PERIODIC REPORTING FORM	5
227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	890,797
240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	175,191
241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1,081,810
242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	40,320
243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	24
244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	15,746
245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1,823
246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	260
247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	332
248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	3,116,567
249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	1,598,529
250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	6,044
251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	40
253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3,811
254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	819
255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	110,027
257	RELOCATION ASSISTANCE APPROVED	231
258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	66
259	REPAYMENT OF RELOCATION BENEFIT IS MORE THAN TEMPORARY CASH	5
260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	285
261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1,230
262	FAILURE TO MEET SHARE OF COST	151
263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	4,763
264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	66
265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	337
267	INELIGIBLE DUE TO INCARCERATION	4,094
268	FAILED DUE TO AGED OUT OF MEDICAID	4,745
269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1,808
270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	5,041
271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	362
272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1,405
273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	6,916
274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	404

275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	222
276	CLOSED DUE TO SUNCAP ELIGIBILITY	1,555
277	MEDICAID DATE MORE THAN SIX MONTHS OLD	488
280	DEPENDENT CARE COSTS HAVE DECREASED	1,836
281	FAILURE TO VERIFY A UTILITY AMOUNT	185
282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	40,594
283	DECREASED BENEFITS DUE TO SHELTER COSTS	1,174
285	HURRICANE KATRINA EVACUEE	32
290	ELIGIBILITY REQUIREMENTS NOT MET	70,130
291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	22
300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	123,579
301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	108
302	INELIGIBILITY CONTINUES DUE TO IMPROPER TRANSFER OF ASSETS	4
303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	6,830
304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	933
305	MEDICAID QUALIFYING TRUST EXCEEDS ASSET LIMIT	4
306	FAILED TO MEET FTP ASSET LIMIT	6
319	WITHDRAWN - MCI LINK ERROR	13
320	INCOME FROM RENTAL PROPERTY	37
322	RECEIPT OF LUMP SUM PAYMENT	3
323	LUMP SUM INELIGIBILITY PERIOD CONTINUES	2
324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	807
330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	7
333	TEMPORARY CASH REDUCED TO REPAY STRAP DIVERSION	2
334	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	3
335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	8
336	REPAYMENT OF UPFRONT DIVERSION IS MORE THAN CASH ASSISTANCE	4
337	UPFRONT DIVERSION HAS BEEN DENIED	14
338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION	6
339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	307
341	PARENT NOT INCAPACITED ANYMORE	87
342	PARENT DID NOT PROVE INCAPACITY	22
343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	62,806
344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	73
345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1,239
346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	209,049
347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	85,776
348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	1,570
349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	26,702
350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	22,168
351	YOU RECEIVED BENEFITS IN ANOTHER STATE	2,341
352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	10,725
353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	5,406
354	YOU DID NOT VERIFY DISABILITY	640
355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	4,899
356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	8,329
357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	6,743
358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	246,387
359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	346
360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	83,249
361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	107,111
362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	393
363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	2,192
364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	3,750
365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	38,778
366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3,015
367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	19
368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	21,680
369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	98,465
370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	123,175
371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	14,037
372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	23
373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	743
374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	2,118,575
375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	122,487
376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	6,820
377	INDIVIDUAL IS AN INELIGIBLE STUDENT	22,947
378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	138
379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	26,381
380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	5,808
381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	12,723
382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	9,431
383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	144,655

384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	201,856
385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	83,532
386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	19,146
387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	31,517
388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	397
389	WITHDRAWN - NO NOTICE GENERATED	12,231
390	FAILED DUE TO EMPLOYMENT HOURS	50
391	NO APPROPRIATE PLACEMENT	1,874
392	FAILED DUE TO FLORIDA PLACEMENT	46
393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	8
394	FAILED DUE TO TITLE IV-E PLACEMENT	10
395	FAILED DUE TO VOLUNTARY RELINQUISHMENT	8
396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	8,249
397	NON TITLE IV-E CHILD PLACED IN FLORIDA BY ANOTHER STATE	5
398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	20
399	PERSON IN THE ASSISTANCE GROUP IS ON STRIKE	2
400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	22,854
402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	32
403	CHILD AGE 19 OR OLDER	9,321
404	CHILD AGE 21 OR OLDER	19,319
405	AGE INAPPROPRIATE FOR LEVEL OF CARE	10
406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	149
407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1,027
408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	46
409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	40,570
410	CHILD HAS BEEN ADOPTED	1,420
411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	46
414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	34
415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	45
416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	112
417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	2,988
418	HEARING APPEAL HAS BEEN DENIED	4
419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	172
420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	1,410
421	ELIGIBLE CHILD HAS TURNED 18	6,378
422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	41
423	MEDICARE PART-A PREMIUM PAID BY STATE	96
424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	1,127
425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	5,812
426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	163
427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	11,603
428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	2,637
433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	72,603
434	RESERVED	107
435	RESERVED	82
436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	78
437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	402
438	YOU DID NOT REPORT CHILD OUT OF THE HOME	35
439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	5,634
440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1,327
441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	831
442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	144
443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	93
446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	151
447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	305
450	YOU DO NOT HAVE ANY MEDICAL BILLS	100
451	YOU NO LONGER NEED CANCER TREATMENT	145
452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	159
453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	16,315
454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	1,538
456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	2,854
457	RELOCATION ASSISTANCE HAS BEEN DENIED	2
458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	8,146
459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	3,598
460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	27
461	CHILD(REN) ADDED AT ZERO BENEFIT	13
465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	299,813
466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	75,017
467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	26,782
470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	423,941
471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	162,055
472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	76
473	THE 1/3 EARNED INCOME DISREGARD HAS EXPIRED	4

474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	189
481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	35
482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	772
483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1,195
490	YOU DID NOT VERIFY UNEARNED INCOME	55,575
491	RECEIPT OF EARNED INCOME	67,882
492	UNEARNED INCOME HAS INCREASED	84,120
493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	3,450
494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	8,022
495	INCREASE IN TEMPORARY CASH ASSISTANCE	1,022
496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	18
497	INCREASE IN SOCIAL SECURITY BENEFITS	8,020
498	RECEIPT OF SOCIAL SECURITY BENEFITS	4,550
499	RECEIPT OF VETERANS BENEFITS	66
500	INCREASE IN VETERANS BENEFITS	87
501	INCOME OF BROTHER OR SISTER	1,301
502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	633
503	DEEMED INCOME FROM A SPONSOR	9
504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	23
505	DEEMED INCOME OF A SPOUSE	87
506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	8
507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1,029
508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	21
509	STEP PARENT INCOME	5
510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	922
512	ACCOUNT TRANSFER TO FHK	1,081
514	ACCOUNT TRANSFER TO FFM	1,517,296
515	ACCOUNT TRANSFER TO FFM/FHK	654,918
520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	1,250,479
521	REOPENED CASE CLOSED IN ERROR	603
522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	155
523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	3,848
524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	187,175
525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	3,881
526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	763,838
527	CONTINUATION OF POST PARTUM MEDICAID	1,482
528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	1,132,365
529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	3,854
530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	67,752
531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1,523
532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	8,736
533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1,954
534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	470
535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	951,510
591	CHILD PLACED BACK IN HOME	4,273
601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	468
604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	8
605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1,451
606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	40
607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	46
608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1,494
609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	214
610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1,105
611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	229
801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	399
802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	23
803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	16
804	YOU DID NOT REPORT SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED BY A MEMBER	4
805	YOU DID NOT REPORT VETERAN'S ADMINISTRATION BENEFITS RECEIVED BY A MEMBER	1
806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER	7
807	YOU DID NOT REPORT CASH CONTRIBUTIONS RECEIVED BY A MEMBER	3
808	YOU DID NOT REPORT INTEREST INCOME RECEIVED BY A MEMBER	2
810	YOU DID NOT REPORT PENSION OR RETIREMENT BENEFITS RECEIVED BY A MEMBER	3
811	YOU DID NOT REPORT INCOME FROM SCHOLARSHIPS, LOANS OR GRANTS	1
813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	21
815	YOU DID NOT REPORT INCOME RECEIVED BY A STEPPARENT	3
816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	16
817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	52
818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	263
819	YOU DID NOT REPORT YOUR MARRIAGE	20
820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	21
821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	13
822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	57

823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	14
828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	11
829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	33
830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	23
831	WE ISSUED FS ID CARD WITH INCORRECT SEQUENCE NUMBER	1
833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	13
834	NO PROGRAM LOSS	1
835	YOU SOLD OR TRIED TO SELL FOOD STAMP BENEFITS	4
836	YOU MISUSED OR TRIED TO MISUSE FOOD ASSISTANCE BENEFITS	1
838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	6
839	TRANSFER IN FROM ANOTHER STATE IHE WITH CLAIM	1
841	YOU DID NOT REPORT OTHER NON-EARNED INCOME RECEIVED BY A HOUSEHOLD MEMBER	2
842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	23
844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	57
846	YOU DID NOT REPORT INCREASE IN NON-EARNED INCOME	2
849	YOU DID NOT REPORT INCOME FROM RENTAL PROPERTY	4
850	YOU DID NOT REPORT A LUMP SUM PAYMENT RECEIVED BY A MEMBER	1
851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	672
852	YOU DID NOT REPORT TRANSFER OF PROPERTY	2
853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	70
854	WE ISSUED AN AUXILLARY PAYMENT IN ERROR	3
855	WE DID NOT ACCURATELY BUDGET YOUR EXPENSE	3
856	WE FAILED TO FOLLOW-UP ON ANTICIPATED CHANGES	2
857	REPORTED INFO WAS DISREGARDED OR NOT ACTED ON TIMELY	3
859	WORK SUPPLEMENTATION CONTINUED AFTER PLACEMENT ENDED (IHE)	1
866	INELIGIBLE EMERGENCY FOOD STAMPS IN 2005 (IHE)	1
868	INELIGIBLE IDENTITY THEFT	39
869	YOU DIDN'T REPORT BEING CONVICTED OF DRUG TRAFFICKING (FELONY)	7
871	ADDITIONAL AG IS NO LONGER VALID	41
880	AUX CREATED IN ERROR(AE)	4
881	EARNINGS DISCOVERED THROUGH THE NATIONAL DIRECTORY OF NEW HIRES	1
883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	99
884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	14
885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	301
886	You under-reported the income of a household member.	21
888	BR CASE HAS BEEN CONVERTED IPV(IBRS)	1
891	YOU ARE A FLEEING FELON OR IN VIOLATION OF PROBATION AND PAROLE	2
892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	251
902	REPLACEMENT OF FOOD STAMPS DUE TO HURRICANE IRMA	3
903	REPLACEMENT OR SUPPLEMENT FA BENEFTIS DUE TO HURRICANE IRMA	1
911	WARRANT REPLACEMENT BY ASFMAD	1
920	REPLACEMENT OF FOOD STAMPS DUE TO HURRICANE RITA	1
925	FS ISSUANCE TO BATTERED SPOUSE OF PARTICIPATING AG	1
928	SUPPLEMENTAL FOOD STAMP ISSUANCE	3
935	ISSUE BENEFIT	1
937	INCREASED BENEFIT DUE TO SHELTER COSTS	6
941	RESTORATION BENEFIT DUE TO HEARING DECISION	3
942	RESTORATION BENEFIT DUE TO HEARING DECISION (NO OFFSET)	2
946	WORK FORCE BOARD - TRANSPORTATION	1
948	EMERGENCY FOOD STAMPS DUE TO NATURAL DISASTER	49
949	DSNAP SUPPLEMENTS DO NOT USE FOR REGULAR FA BENEFITS	2
952	REPLACEMENT OF FOOD STAMPS INTERCEPTED AS A RESULT OF EBT	1
955	ASYLUM ASSISTANCE FOR INDIVIDUALS	1
956	ASYLUM ASSISTANCE FOR FAMILIES	1
957	FOOD STAMP RETROACTIVE BENEFITS	1
958	RETROACTIVE BENEFIT	2
963	RELOCATION ASSISTANCE --- EXCESS OVER $1998	1
964	RELOCATION ASSISTANCE --- EXCESS OVER $2997	1
972	REPLACEMENT OF FOOD STAMPS DUE TO TROPICAL STORM ISAAC	1
975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	405
976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	121
977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	10
978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	226
980	RETURNED MAIL	27
981	CHANGE IN PAYEE	1
982	INTERCEPT TO ISSUE LESSER AMOUNT DUE TO CHANGE	6
983	CHILD VOLUNTARILY PLACED IN FOSTER CARE	2
984	CHILD REMOVED FROM HOME BY COURT ORDER	9
986	HOLD ON BENEFIT DUE TO AGENCY ERROR	19
987	INTERCEPTION AS A RESULT OF EBT	11

Reason Codes used in APPL and CLOS between February 2017 and January 2019

yyyymm	Data Source	Reason Code	Description	Total	40,383,928
201702	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	1	
201702	APPL	018	CHANGE IN FOOD STAMP BENEFITS	1	
201702	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	29	
201702	APPL	021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1	
201702	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1	
201702	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	723677	
201702	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	190	
201702	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	17090	
201702	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2595	
201702	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	19060	
201702	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	19	
201702	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	64	
201702	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2	
201702	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	73478	
201702	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	186	
201702	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	4	
201702	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7651	
201702	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	313	
201702	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	9	
201702	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	2	
201702	APPL	064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	1	
201702	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	7	
201702	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1	
201702	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	43	
201702	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	118	
201702	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	17	
201702	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	11	
201702	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	457	
201702	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	327	
201702	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	65	
201702	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	79425	
201702	APPL	096	YOU HAVE REQUESTED A HEARING	4	
201702	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1	
201702	APPL	099	THE ASSISTANCE GROUP HAS MOVED	8	
201702	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1	
201702	APPL	110	DECREASE/LOSS OF EARNED INCOME	289	
201702	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	82	
201702	APPL	125	PROVISIONAL MEDICAID APPROVED	117	
201702	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	34	
201702	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	31	
201702	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	6	
201702	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8494	
201702	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	71	
201702	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	448	
201702	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	102	
201702	APPL	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1	
201702	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	2	
201702	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1	
201702	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	147	
201702	APPL	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1	
201702	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	34	
201702	APPL	170	YOU ARE NOT AGE 65 OR OLDER	106	
201702	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	15	
201702	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	4	
201702	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	2	
201702	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2610	
201702	APPL	179	FINANCIAL CONSENT WAS REVOKED	323	
201702	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	7	
201702	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2	
201702	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1	
201702	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	5	
201702	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	768	
201702	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6883	
201702	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	4	
201702	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1394	
201702	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	2	
201702	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	293	
201702	APPL	201	NO CHILD SUPPORT DISREGARD	1	
201702	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1	
201702	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	9	
201702	APPL	218	CHANGE IN FOOD STAMP BENEFITS	46	
201702	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	602	
201702	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	4744	
201702	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	36172	
201702	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1448	
201702	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	289	
201702	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	70	
201702	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1	
201702	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2	
201702	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	334	
201702	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	16213	
201702	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	17	
201702	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	117	
201702	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	25	
201702	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2490	
201702	APPL	257	RELOCATION ASSISTANCE APPROVED	4	
201702	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1	
201702	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	4	
201702	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	72	

201702	APPL	262	FAILURE TO MEET SHARE OF COST	8
201702	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	8
201702	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201702	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	11
201702	APPL	267	INELIGIBLE DUE TO INCARCERATION	8
201702	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	53
201702	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	46
201702	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201702	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201702	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	8
201702	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	14
201702	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	4
201702	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	81
201702	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	6
201702	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1797
201702	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	59
201702	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	45
201702	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4148
201702	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201702	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	227
201702	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	21
201702	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	14
201702	APPL	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201702	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	13
201702	APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201702	APPL	342	PARENT DID NOT PROVE INCAPACITY	1
201702	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2499
201702	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	5
201702	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	9
201702	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1660
201702	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	41
201702	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	8
201702	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	647
201702	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	35
201702	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	67
201702	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	241
201702	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	14
201702	APPL	354	YOU DID NOT VERIFY DISABILITY	18
201702	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	29
201702	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	73
201702	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	10
201702	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	306
201702	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	11
201702	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2282
201702	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3746
201702	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	7
201702	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	167
201702	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	84
201702	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1443
201702	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	184
201702	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	19
201702	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	23
201702	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4906
201702	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	61
201702	APPL	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201702	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	34
201702	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	66824
201702	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5143
201702	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	107
201702	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	834
201702	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201702	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	36
201702	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	173
201702	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	250
201702	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	90
201702	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	228
201702	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2127
201702	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	113
201702	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	71
201702	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	141
201702	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	4
201702	APPL	389	WITHDRAWN - NO NOTICE GENERATED	136
201702	APPL	390	FAILED DUE TO EMPLOYMENT HOURS	1
201702	APPL	391	NO APPROPRIATE PLACEMENT	67
201702	APPL	392	FAILED DUE TO FLORIDA PLACEMENT	4
201702	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	857
201702	APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201702	APPL	403	CHILD AGE 19 OR OLDER	5
201702	APPL	404	CHILD AGE 21 OR OLDER	5
201702	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	6
201702	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	38
201702	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	3
201702	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	309
201702	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201702	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	4
201702	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201702	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	7
201702	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	3
201702	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	292
201702	APPL	421	ELIGIBLE CHILD HAS TURNED 18	5
201702	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	1

201702	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	18
201702	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	24
201702	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	5
201702	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	8
201702	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	116
201702	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2403
201702	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201702	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8
201702	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	218
201702	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	53
201702	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	28
201702	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	3
201702	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201702	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	14
201702	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	4
201702	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	7
201702	APPL	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	1
201702	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	117
201702	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	223
201702	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	120
201702	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7973
201702	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1590
201702	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	408
201702	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	15229
201702	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5995
201702	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	5
201702	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201702	APPL	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201702	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1654
201702	APPL	491	RECEIPT OF EARNED INCOME	1766
201702	APPL	492	UNEARNED INCOME HAS INCREASED	3047
201702	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	60
201702	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	179
201702	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	58
201702	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201702	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	158
201702	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	127
201702	APPL	499	RECEIPT OF VETERANS BENEFITS	1
201702	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201702	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	95
201702	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	19
201702	APPL	512	ACCOUNT TRANSFER TO FHK	18
201702	APPL	514	ACCOUNT TRANSFER TO FFM	64751
201702	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	23905
201702	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	395
201702	APPL	521	REOPENED CASE CLOSED IN ERROR	16
201702	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	182
201702	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	46
201702	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	99
201702	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	21989
201702	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	9
201702	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	38149
201702	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201702	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	310
201702	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201702	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	183
201702	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	10
201702	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	853
201702	APPL	591	CHILD PLACED BACK IN HOME	3
201702	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	20
201702	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201702	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201702	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	4
201702	APPL	804	YOU DID NOT REPORT SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED BY A MEMBER	1
201702	APPL	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	2
201702	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	6
201702	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	3
201702	APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201702	APPL	937	INCREASED BENEFIT DUE TO SHELTER COSTS	3
201702	APPL	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201702	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	24
201702	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	34
201702	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201702	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1
201702	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201702	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	3
201702	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	2
201702	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201702	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201702	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201702	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	39
201702	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	22
201702	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201702	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	3
201702	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	2
201702	CLOS	057	RELOCATION ASSISTANCE APPROVED	4
201702	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201702	CLOS	061	NEW OR INCREASED DEPENDENT CARE COSTS	1
201702	CLOS	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	1
201702	CLOS	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201702	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	163

201702	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	30
201702	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	5
201702	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	1
201702	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	1
201702	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	9
201702	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	35
201702	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201702	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	22
201702	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201702	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201702	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	24
201702	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	33
201702	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	12
201702	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	15
201702	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	82
201702	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	5
201702	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	9
201702	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201702	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201702	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	15
201702	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	469
201702	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	126
201702	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	9
201702	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201702	CLOS	110	DECREASE/LOSS OF EARNED INCOME	36
201702	CLOS	110	DECREASE/LOSS OF EARNED INCOME	182
201702	CLOS	110	DECREASE/LOSS OF EARNED INCOME	4
201702	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	23
201702	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	4
201702	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	2
201702	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201702	CLOS	125	PROVISIONAL MEDICAID APPROVED	2
201702	CLOS	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	1
201702	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201702	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201702	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	3
201702	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	8
201702	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	3
201702	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	2
201702	CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201702	CLOS	155	ELIGIBLE FOR MEDICAID SERVICES OTHER THAN LONG TERM CARE	3
201702	CLOS	155	ELIGIBLE FOR MEDICAID SERVICES OTHER THAN LONG TERM CARE	1
201702	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	17
201702	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	3
201702	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201702	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	4
201702	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	4
201702	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	238
201702	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	259
201702	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	38
201702	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	12
201702	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	2
201702	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	7
201702	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2
201702	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	101
201702	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	5
201702	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201702	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	29
201702	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	442
201702	CLOS	179	FINANCIAL CONSENT WAS REVOKED	152
201702	CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201702	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	7
201702	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201702	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201702	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201702	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201702	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	473
201702	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	93
201702	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	29
201702	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	69
201702	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4307
201702	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3629
201702	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201702	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	25
201702	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	9
201702	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1
201702	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	1
201702	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	21
201702	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	154
201702	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	9
201702	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	2
201702	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	11
201702	CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	2
201702	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	1
201702	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	1
201702	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	48
201702	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1041
201702	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	33338
201702	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1039
201702	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	19
201702	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	889

201702	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5525
201702	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	42
201702	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201702	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	146
201702	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	42
201702	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201702	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	305
201702	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	240
201702	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	2
201702	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201702	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	7
201702	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	11
201702	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	8
201702	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201702	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201702	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201702	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	11
201702	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	143351
201702	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	171
201702	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	3
201702	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	69
201702	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	972
201702	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	54914
201702	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	637
201702	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	6
201702	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201702	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201702	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201702	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201702	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	542
201702	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1876
201702	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	29
201702	CLOS	257	RELOCATION ASSISTANCE APPROVED	5
201702	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201702	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201702	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	25
201702	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	69
201702	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	8
201702	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201702	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201702	CLOS	267	INELIGIBLE DUE TO INCARCERATION	168
201702	CLOS	267	INELIGIBLE DUE TO INCARCERATION	9
201702	CLOS	267	INELIGIBLE DUE TO INCARCERATION	1
201702	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	50
201702	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	47
201702	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	4
201702	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	14
201702	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	4
201702	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	233
201702	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201702	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	4
201702	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	45
201702	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	238
201702	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201702	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	3
201702	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	7
201702	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	99
201702	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201702	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	2
201702	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	5
201702	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	2
201702	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1
201702	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201702	CLOS	285	HURRICANE KATRINA EVACUEE	1
201702	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	2776
201702	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	4
201702	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	119
201702	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1022
201702	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	6
201702	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201702	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	54
201702	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	60
201702	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	6
201702	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	11
201702	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	21
201702	CLOS	305	MEDICAID QUALIFYING TRUST EXCEEDS ASSET LIMIT	1
201702	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201702	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201702	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	2
201702	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	11
201702	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201702	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201702	CLOS	341	PARENT NOT INCAPACITED ANYMORE	4
201702	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	82
201702	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	77
201702	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	21
201702	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201702	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	33
201702	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	30
201702	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4660
201702	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2614

201702	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 180
201702	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 51
201702	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 3323
201702	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 18
201702	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 16
201702	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 1
201702	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 2
201702	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 80
201702	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 1002
201702	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 513
201702	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 15
201702	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 2
201702	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 23
201702	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 17
201702	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 144
201702	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 27
201702	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 12
201702	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 38
201702	CLOS	354	YOU DID NOT VERIFY DISABILITY 4
201702	CLOS	354	YOU DID NOT VERIFY DISABILITY 3
201702	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 6
201702	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 1
201702	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 27
201702	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 150
201702	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 13
201702	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 85
201702	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 45
201702	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 8
201702	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 354
201702	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 6567
201702	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 72
201702	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 941
201702	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 2
201702	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 4
201702	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 154
201702	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 186
201702	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 6
201702	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 3
201702	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 45
201702	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 123
201702	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 8
201702	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 1
201702	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 22
201702	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 112
201702	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 41
201702	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 12
201702	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 16
201702	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 3
201702	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 26
201702	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 116
201702	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 7
201702	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 6
201702	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 12
201702	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 2078
201702	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 3187
201702	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 95
201702	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 312
201702	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 59
201702	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 1233
201702	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 439
201702	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 7
201702	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 56
201702	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES 1
201702	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 10
201702	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 2
201702	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 18825
201702	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 192
201702	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 9348
201702	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 233
201702	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 4
201702	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 109
201702	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 107
201702	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 11
201702	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 212
201702	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 141
201702	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 65
201702	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 3
201702	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 3
201702	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 1012
201702	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 125
201702	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 11
201702	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 3
201702	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 7
201702	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 111
201702	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 28
201702	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 9
201702	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 4
201702	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 101
201702	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 299
201702	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 5479
201702	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 342

201702	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 17
201702	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 48
201702	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 584
201702	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 3516
201702	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 3694
201702	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 451
201702	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 53
201702	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 2
201702	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 39
201702	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 570
201702	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 1018
201702	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 101
201702	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 4
201702	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 1
201702	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 9
201702	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 289
201702	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 110
201702	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 5
201702	CLOS	391	NO APPROPRIATE PLACEMENT 3
201702	CLOS	391	NO APPROPRIATE PLACEMENT 10
201702	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 7
201702	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 250
201702	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 145
201702	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 4
201702	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 121
201702	CLOS	403	CHILD AGE 19 OR OLDER 94
201702	CLOS	403	CHILD AGE 19 OR OLDER 470
201702	CLOS	403	CHILD AGE 19 OR OLDER 7
201702	CLOS	404	CHILD AGE 21 OR OLDER 10
201702	CLOS	404	CHILD AGE 21 OR OLDER 53
201702	CLOS	404	CHILD AGE 21 OR OLDER 794
201702	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 3
201702	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 2
201702	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 2
201702	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 17
201702	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 3
201702	CLOS	410	CHILD HAS BEEN ADOPTED 2
201702	CLOS	410	CHILD HAS BEEN ADOPTED 1
201702	CLOS	410	CHILD HAS BEEN ADOPTED 17
201702	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED 1
201702	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL 1
201702	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL 2
201702	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 7
201702	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 123
201702	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 4
201702	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 25
201702	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 81
201702	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 36
201702	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 7
201702	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 195
201702	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 1
201702	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 1
201702	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 13
201702	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 6
201702	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 73
201702	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 192
201702	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 4
201702	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 1
201702	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 2
201702	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 426
201702	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 15
201702	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 1
201702	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 3
201702	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 9
201702	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 890
201702	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 213
201702	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 4
201702	CLOS	434	RESERVED 1
201702	CLOS	435	RESERVED 5
201702	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201702	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 7
201702	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 1
201702	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME 1
201702	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 7
201702	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 4
201702	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 1
201702	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 8
201702	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 2
201702	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 1
201702	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 1
201702	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201702	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201702	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS 1
201702	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 5
201702	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 6
201702	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 76
201702	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 7
201702	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 58
201702	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 81
201702	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 7
201702	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 73

201702	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	3
201702	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	3
201702	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	33
201702	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	15
201702	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	29
201702	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	28
201702	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	16
201702	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	30
201702	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	82
201702	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	13104
201702	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	3818
201702	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	9
201702	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1038
201702	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3348
201702	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	936
201702	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	126
201702	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	27
201702	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	484
201702	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	463
201702	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201702	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201702	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201702	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	1
201702	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201702	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201702	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201702	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	2
201702	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	2
201702	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	43
201702	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	130
201702	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	28
201702	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	478
201702	CLOS	491	RECEIPT OF EARNED INCOME	313
201702	CLOS	491	RECEIPT OF EARNED INCOME	35
201702	CLOS	491	RECEIPT OF EARNED INCOME	797
201702	CLOS	492	UNEARNED INCOME HAS INCREASED	257
201702	CLOS	492	UNEARNED INCOME HAS INCREASED	14
201702	CLOS	492	UNEARNED INCOME HAS INCREASED	170
201702	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201702	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	5
201702	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	70
201702	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	17
201702	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	106
201702	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	3
201702	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	33
201702	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	4
201702	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	45
201702	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	21
201702	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	2
201702	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	55
201702	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201702	CLOS	500	INCREASE IN VETERANS BENEFITS	2
201702	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201702	CLOS	501	INCOME OF BROTHER OR SISTER	5
201702	CLOS	501	INCOME OF BROTHER OR SISTER	49
201702	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	25
201702	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201702	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201702	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201702	CLOS	505	DEEMED INCOME OF A SPOUSE	7
201702	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201702	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	3
201702	CLOS	512	ACCOUNT TRANSFER TO FHK	2
201702	CLOS	514	ACCOUNT TRANSFER TO FFM	105
201702	CLOS	514	ACCOUNT TRANSFER TO FFM	6
201702	CLOS	514	ACCOUNT TRANSFER TO FFM	437
201702	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	132
201702	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	10
201702	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	34
201702	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	5411
201702	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	677
201702	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	42783
201702	CLOS	521	REOPENED CASE CLOSED IN ERROR	14
201702	CLOS	521	REOPENED CASE CLOSED IN ERROR	2
201702	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201702	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201702	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201702	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7294
201702	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	106
201702	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	47
201702	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	5
201702	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	11
201702	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	57
201702	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	2812
201702	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	227
201702	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	126
201702	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	6
201702	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	41
201702	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7956
201702	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	1098
201702	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	136

201702	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	1
201702	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	10
201702	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	123
201702	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	3794
201702	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	131
201702	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	16
201702	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	8
201702	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	51
201702	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	79
201702	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	18
201702	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	5
201702	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	13
201702	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	68
201702	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201702	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	7
201702	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201702	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	324
201702	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	5210
201702	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	14071
201702	CLOS	591	CHILD PLACED BACK IN HOME	9
201702	CLOS	591	CHILD PLACED BACK IN HOME	117
201702	CLOS	591	CHILD PLACED BACK IN HOME	3
201702	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201702	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	46
201702	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	2
201702	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	50
201702	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	10
201702	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201702	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	66
201702	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201702	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201702	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	28
201702	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201702	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	1
201702	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	1
201702	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201702	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	1
201702	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	5
201702	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	15
201702	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201702	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	2
201702	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201702	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201702	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	1
201702	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201702	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201702	CLOS	838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	1
201702	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	2
201702	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	2
201702	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	5
201702	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	12
201702	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201702	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	2
201702	CLOS	859	WORK SUPPLEMENTATION CONTINUED AFTER PLACEMENT ENDED (IHE)	1
201702	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201702	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201702	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201702	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201702	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	12
201702	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201702	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201702	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201702	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	11
201702	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	4
201702	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	19
201702	CLOS	886	You under-reported the income of a household member.	1
201702	CLOS	891	YOU ARE A FLEEING FELON OR IN VIOLATION OF PROBATION AND PAROLE	1
201702	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201702	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	5
201702	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	3
201702	CLOS	928	SUPPLEMENTAL FOOD STAMP ISSUANCE	1
201702	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	10
201702	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201702	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201702	CLOS	977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	1
201702	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201702	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	5
201702	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	2
201703	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201703	APPL	018	CHANGE IN FOOD STAMP BENEFITS	1
201703	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	4
201703	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	753796
201703	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	220
201703	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	17526
201703	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2616
201703	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	19509
201703	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	35
201703	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	80
201703	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201703	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	75606
201703	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	219

201703	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	4
201703	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7589
201703	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	316
201703	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	10
201703	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	3
201703	APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	5
201703	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	11
201703	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201703	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	46
201703	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	92
201703	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	14
201703	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	5
201703	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	425
201703	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	387
201703	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	71
201703	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	79916
201703	APPL	096	YOU HAVE REQUESTED A HEARING	9
201703	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201703	APPL	099	THE ASSISTANCE GROUP HAS MOVED	3
201703	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	4
201703	APPL	110	DECREASE/LOSS OF EARNED INCOME	411
201703	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	147
201703	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201703	APPL	125	PROVISIONAL MEDICAID APPROVED	125
201703	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	66
201703	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	38
201703	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	7
201703	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	9299
201703	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	70
201703	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	422
201703	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	74
201703	APPL	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201703	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201703	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	6
201703	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	179
201703	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	25
201703	APPL	170	YOU ARE NOT AGE 65 OR OLDER	102
201703	APPL	171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201703	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	29
201703	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	4
201703	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	1
201703	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2907
201703	APPL	179	FINANCIAL CONSENT WAS REVOKED	281
201703	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	7
201703	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201703	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	6
201703	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201703	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	762
201703	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	7059
201703	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	5
201703	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1265
201703	APPL	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201703	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	313
201703	APPL	201	NO CHILD SUPPORT DISREGARD	3
201703	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	4
201703	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	11
201703	APPL	218	CHANGE IN FOOD STAMP BENEFITS	83
201703	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	661
201703	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5024
201703	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	38199
201703	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1438
201703	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	337
201703	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	75
201703	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201703	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201703	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	360
201703	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	18446
201703	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	23
201703	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	3
201703	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	118
201703	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	15
201703	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2794
201703	APPL	257	RELOCATION ASSISTANCE APPROVED	5
201703	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201703	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201703	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	84
201703	APPL	262	FAILURE TO MEET SHARE OF COST	11
201703	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	12
201703	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	10
201703	APPL	267	INELIGIBLE DUE TO INCARCERATION	10
201703	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	66
201703	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	65
201703	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	3
201703	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201703	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201703	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	17
201703	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	5
201703	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	2
201703	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	3
201703	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	1
201703	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	83

201703	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	11
201703	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2040
201703	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	58
201703	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	30
201703	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4692
201703	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	6
201703	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	309
201703	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	11
201703	APPL	320	INCOME FROM RENTAL PROPERTY	1
201703	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	27
201703	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	9
201703	APPL	341	PARENT NOT INCAPACITED ANYMORE	2
201703	APPL	342	PARENT DID NOT PROVE INCAPACITY	1
201703	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2335
201703	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201703	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	6
201703	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1712
201703	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	36
201703	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	14
201703	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	561
201703	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	25
201703	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	39
201703	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	244
201703	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	15
201703	APPL	354	YOU DID NOT VERIFY DISABILITY	25
201703	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	27
201703	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	51
201703	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	9
201703	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	340
201703	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	14
201703	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2629
201703	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3587
201703	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	17
201703	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	117
201703	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	83
201703	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1396
201703	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	128
201703	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	11
201703	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	52
201703	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4934
201703	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	65
201703	APPL	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201703	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	24
201703	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	70714
201703	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5444
201703	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	77
201703	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	700
201703	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	42
201703	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	614
201703	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	243
201703	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	96
201703	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	208
201703	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2444
201703	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	112
201703	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	63
201703	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	151
201703	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201703	APPL	389	WITHDRAWN - NO NOTICE GENERATED	158
201703	APPL	390	FAILED DUE TO EMPLOYMENT HOURS	1
201703	APPL	391	NO APPROPRIATE PLACEMENT	87
201703	APPL	392	FAILED DUE TO FLORIDA PLACEMENT	7
201703	APPL	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	1
201703	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	814
201703	APPL	403	CHILD AGE 19 OR OLDER	4
201703	APPL	404	CHILD AGE 21 OR OLDER	5
201703	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	5
201703	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	45
201703	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	3
201703	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	281
201703	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201703	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201703	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	4
201703	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	9
201703	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	107
201703	APPL	421	ELIGIBLE CHILD HAS TURNED 18	9
201703	APPL	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	2
201703	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201703	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	27
201703	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	20
201703	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201703	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	4
201703	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	120
201703	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2411
201703	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	4
201703	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	16
201703	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	247
201703	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	46
201703	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	21
201703	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	4
201703	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201703	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	2

201703	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	23
201703	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	4
201703	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	2
201703	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	4
201703	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	3
201703	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	109
201703	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	217
201703	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	97
201703	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	1
201703	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7614
201703	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1618
201703	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	431
201703	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	14997
201703	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	7156
201703	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	7
201703	APPL	473	THE 1/3 EARNED INCOME DISREGARD HAS EXPIRED	1
201703	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	12
201703	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	8
201703	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1786
201703	APPL	491	RECEIPT OF EARNED INCOME	2237
201703	APPL	492	UNEARNED INCOME HAS INCREASED	3384
201703	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	92
201703	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	227
201703	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	50
201703	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201703	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	161
201703	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	130
201703	APPL	500	INCREASE IN VETERANS BENEFITS	4
201703	APPL	501	INCOME OF BROTHER OR SISTER	3
201703	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201703	APPL	505	DEEMED INCOME OF A SPOUSE	1
201703	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	62
201703	APPL	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	1
201703	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	19
201703	APPL	512	ACCOUNT TRANSFER TO FHK	33
201703	APPL	514	ACCOUNT TRANSFER TO FFM	62573
201703	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	24910
201703	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	429
201703	APPL	521	REOPENED CASE CLOSED IN ERROR	9
201703	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	227
201703	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	61
201703	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	98
201703	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	22897
201703	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	24
201703	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	37609
201703	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	6
201703	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	332
201703	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	9
201703	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	190
201703	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201703	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	969
201703	APPL	591	CHILD PLACED BACK IN HOME	9
201703	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	18
201703	APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	2
201703	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201703	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	5
201703	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201703	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201703	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	3
201703	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201703	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201703	CLOS	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	2
201703	CLOS	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	2
201703	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201703	CLOS	016	DUE TO A CHANGE IN SOCIAL SECURITY ADMINISTRATION (SSA) BENEFIT	1
201703	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	31
201703	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	16
201703	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1
201703	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201703	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201703	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	2
201703	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201703	CLOS	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	1
201703	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	2
201703	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	5
201703	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201703	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	3
201703	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	42
201703	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	15
201703	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201703	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	2
201703	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	10
201703	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201703	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	4
201703	CLOS	057	RELOCATION ASSISTANCE APPROVED	1
201703	CLOS	057	RELOCATION ASSISTANCE APPROVED	3
201703	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	2
201703	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	55
201703	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	51
201703	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	8
201703	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	2

201703	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201703	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	36
201703	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201703	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	19
201703	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	5
201703	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	4
201703	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	24
201703	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	25
201703	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	13
201703	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	13
201703	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	29
201703	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201703	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	98
201703	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	715
201703	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	6
201703	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	7
201703	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	6
201703	CLOS	110	DECREASE/LOSS OF EARNED INCOME	131
201703	CLOS	110	DECREASE/LOSS OF EARNED INCOME	16
201703	CLOS	110	DECREASE/LOSS OF EARNED INCOME	1
201703	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201703	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201703	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	13
201703	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	3
201703	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201703	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201703	CLOS	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	3
201703	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	12
201703	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201703	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	7
201703	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	6
201703	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	31
201703	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201703	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201703	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	298
201703	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	384
201703	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	43
201703	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	10
201703	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	7
201703	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2
201703	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	52
201703	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201703	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201703	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	2
201703	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	22
201703	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	449
201703	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	8
201703	CLOS	179	FINANCIAL CONSENT WAS REVOKED	141
201703	CLOS	179	FINANCIAL CONSENT WAS REVOKED	2
201703	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201703	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201703	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201703	CLOS	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201703	CLOS	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	6
201703	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201703	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201703	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	101
201703	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	528
201703	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	71
201703	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	84
201703	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3375
201703	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3947
201703	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	16
201703	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201703	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	167
201703	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	53
201703	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	2
201703	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201703	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	3
201703	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	236
201703	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	9
201703	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	2
201703	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1260
201703	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	34717
201703	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	39
201703	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1
201703	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1269
201703	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	24
201703	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	934
201703	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5924
201703	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	46
201703	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201703	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	91
201703	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	18
201703	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	196
201703	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	295
201703	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	1
201703	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	10
201703	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	5
201703	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201703	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	3

201703	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	7
201703	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	139621
201703	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	195
201703	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	15
201703	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	123
201703	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	962
201703	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	57426
201703	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	706
201703	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	10
201703	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	2
201703	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201703	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201703	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201703	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201703	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	565
201703	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2033
201703	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	23
201703	CLOS	257	RELOCATION ASSISTANCE APPROVED	9
201703	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201703	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201703	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201703	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	2
201703	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201703	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201703	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	17
201703	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	69
201703	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	8
201703	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201703	CLOS	267	INELIGIBLE DUE TO INCARCERATION	1
201703	CLOS	267	INELIGIBLE DUE TO INCARCERATION	10
201703	CLOS	267	INELIGIBLE DUE TO INCARCERATION	142
201703	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	55
201703	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	32
201703	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	20
201703	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	6
201703	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	249
201703	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	11
201703	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	1
201703	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	41
201703	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	4
201703	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	228
201703	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	5
201703	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	2
201703	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	4
201703	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	65
201703	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	8
201703	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	5
201703	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201703	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	4
201703	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201703	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT	1
201703	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201703	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	11
201703	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1
201703	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	3214
201703	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	5
201703	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	99
201703	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1156
201703	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	2
201703	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201703	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201703	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	40
201703	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	79
201703	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	6
201703	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	1
201703	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	16
201703	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	6
201703	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	13
201703	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	3
201703	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	8
201703	CLOS	341	PARENT NOT INCAPACITED ANYMORE	3
201703	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	68
201703	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	83
201703	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	33
201703	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	2
201703	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	22
201703	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	26
201703	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	3
201703	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	142
201703	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2379
201703	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4720
201703	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	4205
201703	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	47
201703	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2
201703	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	2
201703	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	17
201703	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	30
201703	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	931
201703	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	92
201703	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	6
201703	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	13

201703	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	525
201703	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	14
201703	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	29
201703	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	50
201703	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	2
201703	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	172
201703	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	37
201703	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	1
201703	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	8
201703	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201703	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201703	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	33
201703	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	17
201703	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	85
201703	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	15
201703	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	115
201703	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	238
201703	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	2
201703	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	54
201703	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1083
201703	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	102
201703	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	8809
201703	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201703	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201703	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	180
201703	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	19
201703	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	237
201703	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	111
201703	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5
201703	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	52
201703	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201703	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	15
201703	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	1
201703	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	64
201703	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	23
201703	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	2
201703	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	24
201703	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	21
201703	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	157
201703	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	8
201703	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	8
201703	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3
201703	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	4
201703	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	18
201703	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2441
201703	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4044
201703	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	88
201703	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	366
201703	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	50
201703	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1370
201703	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	524
201703	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	2
201703	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	76
201703	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201703	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	10
201703	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	9535
201703	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	15437
201703	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	181
201703	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	6
201703	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	117
201703	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	262
201703	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	166
201703	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	80
201703	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	28
201703	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	3
201703	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	50
201703	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	134
201703	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201703	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201703	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	99
201703	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	18
201703	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	928
201703	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	10
201703	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	7
201703	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	23
201703	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201703	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	125
201703	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	313
201703	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	10
201703	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	76
201703	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	427
201703	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	14
201703	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	6108
201703	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3900
201703	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	31
201703	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	479
201703	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	516
201703	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	68
201703	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	3400
201703	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	682
201703	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	3

201703	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	46
201703	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	155
201703	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	14
201703	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1796
201703	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	4
201703	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	469
201703	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	4
201703	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	112
201703	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	1
201703	CLOS	391	NO APPROPRIATE PLACEMENT	7
201703	CLOS	391	NO APPROPRIATE PLACEMENT	3
201703	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	299
201703	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	130
201703	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	2
201703	CLOS	397	NON TITLE IV-E CHILD PLACED IN FLORIDA BY ANOTHER STATE	1
201703	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	3
201703	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	1
201703	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	122
201703	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	2
201703	CLOS	403	CHILD AGE 19 OR OLDER	63
201703	CLOS	403	CHILD AGE 19 OR OLDER	3
201703	CLOS	403	CHILD AGE 19 OR OLDER	202
201703	CLOS	404	CHILD AGE 21 OR OLDER	70
201703	CLOS	404	CHILD AGE 21 OR OLDER	7
201703	CLOS	404	CHILD AGE 21 OR OLDER	827
201703	CLOS	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	1
201703	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201703	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	7
201703	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	2
201703	CLOS	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201703	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	13
201703	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	6
201703	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201703	CLOS	410	CHILD HAS BEEN ADOPTED	5
201703	CLOS	410	CHILD HAS BEEN ADOPTED	26
201703	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	2
201703	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201703	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	5
201703	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	97
201703	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	2
201703	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	4
201703	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	6
201703	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	28
201703	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	35
201703	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	40
201703	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	2
201703	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	186
201703	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	7
201703	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	1
201703	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	8
201703	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	230
201703	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	2
201703	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	97
201703	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201703	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201703	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	46
201703	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	1
201703	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	444
201703	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	26
201703	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	3
201703	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	229
201703	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2
201703	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1024
201703	CLOS	434	RESERVED	2
201703	CLOS	435	RESERVED	1
201703	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201703	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8
201703	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	2
201703	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	10
201703	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	4
201703	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1
201703	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	4
201703	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201703	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	2
201703	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	2
201703	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	3
201703	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	6
201703	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	108
201703	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	4
201703	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	63
201703	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	86
201703	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201703	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	115
201703	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	8
201703	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	37
201703	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	10
201703	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	15
201703	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	25
201703	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	8
201703	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	51
201703	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	60

201703	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	1
201703	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	10036
201703	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	3188
201703	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	6
201703	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	2
201703	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1021
201703	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3741
201703	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	1044
201703	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	121
201703	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	31
201703	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	518
201703	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	483
201703	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201703	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201703	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	2
201703	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	10
201703	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201703	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201703	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201703	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	61
201703	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	126
201703	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	28
201703	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	529
201703	CLOS	491	RECEIPT OF EARNED INCOME	311
201703	CLOS	491	RECEIPT OF EARNED INCOME	42
201703	CLOS	491	RECEIPT OF EARNED INCOME	712
201703	CLOS	492	UNEARNED INCOME HAS INCREASED	218
201703	CLOS	492	UNEARNED INCOME HAS INCREASED	21
201703	CLOS	492	UNEARNED INCOME HAS INCREASED	199
201703	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201703	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201703	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	84
201703	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	31
201703	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	172
201703	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201703	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	28
201703	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	9
201703	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	11
201703	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	27
201703	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	9
201703	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	70
201703	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201703	CLOS	500	INCREASE IN VETERANS BENEFITS	2
201703	CLOS	500	INCREASE IN VETERANS BENEFITS	4
201703	CLOS	501	INCOME OF BROTHER OR SISTER	51
201703	CLOS	501	INCOME OF BROTHER OR SISTER	3
201703	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201703	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	26
201703	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201703	CLOS	505	DEEMED INCOME OF A SPOUSE	8
201703	CLOS	505	DEEMED INCOME OF A SPOUSE	2
201703	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	2
201703	CLOS	512	ACCOUNT TRANSFER TO FHK	7
201703	CLOS	514	ACCOUNT TRANSFER TO FFM	506
201703	CLOS	514	ACCOUNT TRANSFER TO FFM	2
201703	CLOS	514	ACCOUNT TRANSFER TO FFM	110
201703	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	34
201703	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	6
201703	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	169
201703	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	47701
201703	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	338
201703	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	4684
201703	CLOS	521	REOPENED CASE CLOSED IN ERROR	12
201703	CLOS	521	REOPENED CASE CLOSED IN ERROR	12
201703	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201703	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201703	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	8
201703	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	9764
201703	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	255
201703	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	2
201703	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	1
201703	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	16
201703	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	109
201703	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	2662
201703	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	162
201703	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	65
201703	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	8
201703	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	28
201703	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	8824
201703	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	1189
201703	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	148
201703	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	1
201703	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201703	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	102
201703	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	4116
201703	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	141
201703	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	11
201703	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	4
201703	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	6
201703	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	28
201703	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	114

201703	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	80
201703	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3
201703	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	3
201703	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	7
201703	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	121
201703	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201703	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	14
201703	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	4660
201703	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	376
201703	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	15532
201703	CLOS	591	CHILD PLACED BACK IN HOME	21
201703	CLOS	591	CHILD PLACED BACK IN HOME	2
201703	CLOS	591	CHILD PLACED BACK IN HOME	137
201703	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201703	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	48
201703	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201703	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201703	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	61
201703	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	7
201703	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	49
201703	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201703	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201703	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	20
201703	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201703	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201703	CLOS	810	YOU DID NOT REPORT PENSION OR RETIREMENT BENEFITS RECEIVED BY A MEMBER	1
201703	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	10
201703	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201703	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201703	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	3
201703	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201703	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201703	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201703	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	4
201703	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	1
201703	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	2
201703	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	5
201703	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	15
201703	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	2
201703	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	11
201703	CLOS	852	YOU DID NOT REPORT TRANSFER OF PROPERTY	1
201703	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201703	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201703	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201703	CLOS	880	AUX CREATED IN ERROR(AE)	1
201703	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201703	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201703	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	6
201703	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201703	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	4
201703	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	6
201703	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201703	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	5
201703	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	4
201703	CLOS	935	ISSUE BENEFIT	1
201703	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	14
201703	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	8
201703	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201703	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	5
201703	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201703	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	3
201703	CLOS	980	RETURNED MAIL	1
201703	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201704	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	23
201704	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	14
201704	APPL	038	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	1
201704	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	657951
201704	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	226
201704	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	17281
201704	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2148
201704	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	17101
201704	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	24
201704	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	54
201704	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	3
201704	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	65770
201704	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	168
201704	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	5
201704	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6627
201704	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	265
201704	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	14
201704	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201704	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	9
201704	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	6
201704	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	2
201704	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	39
201704	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	57
201704	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	20
201704	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	5
201704	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	364
201704	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	315
201704	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	69

201704	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	64256
201704	APPL	096	YOU HAVE REQUESTED A HEARING	4
201704	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201704	APPL	099	THE ASSISTANCE GROUP HAS MOVED	1
201704	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201704	APPL	110	DECREASE/LOSS OF EARNED INCOME	345
201704	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	157
201704	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201704	APPL	125	PROVISIONAL MEDICAID APPROVED	93
201704	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	44
201704	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	56
201704	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	12
201704	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8238
201704	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	82
201704	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	452
201704	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	88
201704	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201704	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	4
201704	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	164
201704	APPL	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201704	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	36
201704	APPL	170	YOU ARE NOT AGE 65 OR OLDER	95
201704	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	15
201704	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	3
201704	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2141
201704	APPL	179	FINANCIAL CONSENT WAS REVOKED	195
201704	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201704	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	4
201704	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201704	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	660
201704	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6011
201704	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	5
201704	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	961
201704	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201704	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	263
201704	APPL	201	NO CHILD SUPPORT DISREGARD	1
201704	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	4
201704	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	13
201704	APPL	218	CHANGE IN FOOD STAMP BENEFITS	75
201704	APPL	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	1
201704	APPL	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	1
201704	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	647
201704	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	4415
201704	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	32577
201704	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1213
201704	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	286
201704	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	67
201704	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201704	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201704	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	255
201704	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	15682
201704	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	22
201704	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	112
201704	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	17
201704	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2515
201704	APPL	257	RELOCATION ASSISTANCE APPROVED	3
201704	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	10
201704	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	62
201704	APPL	262	FAILURE TO MEET SHARE OF COST	2
201704	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	37
201704	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201704	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	11
201704	APPL	267	INELIGIBLE DUE TO INCARCERATION	4
201704	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	33
201704	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	56
201704	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	1
201704	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	11
201704	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	7
201704	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201704	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	58
201704	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	4
201704	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1773
201704	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	81
201704	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	16
201704	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3907
201704	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201704	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	252
201704	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	17
201704	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	19
201704	APPL	334	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	1
201704	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	7
201704	APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201704	APPL	342	PARENT DID NOT PROVE INCAPACITY	2
201704	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2101
201704	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	2
201704	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	10
201704	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1493
201704	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	27
201704	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	15
201704	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	492
201704	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	26

201704 APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	72
201704 APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	227
201704 APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	15
201704 APPL	354	YOU DID NOT VERIFY DISABILITY	17
201704 APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	21
201704 APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	40
201704 APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	9
201704 APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	216
201704 APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	8
201704 APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2266
201704 APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3370
201704 APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	16
201704 APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	75
201704 APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	82
201704 APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1405
201704 APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	97
201704 APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	13
201704 APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	34
201704 APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3810
201704 APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	55
201704 APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	15
201704 APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	63442
201704 APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4873
201704 APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	38
201704 APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	621
201704 APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201704 APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	28
201704 APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	616
201704 APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	210
201704 APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	98
201704 APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	149
201704 APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2332
201704 APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	102
201704 APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	43
201704 APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	127
201704 APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201704 APPL	389	WITHDRAWN - NO NOTICE GENERATED	164
201704 APPL	390	FAILED DUE TO EMPLOYMENT HOURS	5
201704 APPL	391	NO APPROPRIATE PLACEMENT	56
201704 APPL	392	FAILED DUE TO FLORIDA PLACEMENT	14
201704 APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	755
201704 APPL	403	CHILD AGE 19 OR OLDER	8
201704 APPL	404	CHILD AGE 21 OR OLDER	4
201704 APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	6
201704 APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	55
201704 APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	2
201704 APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	259
201704 APPL	410	CHILD HAS BEEN ADOPTED	2
201704 APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201704 APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201704 APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	2
201704 APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201704 APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	4
201704 APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201704 APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	68
201704 APPL	421	ELIGIBLE CHILD HAS TURNED 18	16
201704 APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	6
201704 APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	22
201704 APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	15
201704 APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201704 APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	6
201704 APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	85
201704 APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1900
201704 APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	2
201704 APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	13
201704 APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	227
201704 APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	46
201704 APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	32
201704 APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	4
201704 APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	5
201704 APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201704 APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	20
201704 APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	6
201704 APPL	451	YOU NO LONGER NEED CANCER TREATMENT	4
201704 APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	6
201704 APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	2
201704 APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	76
201704 APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	200
201704 APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	74
201704 APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	3
201704 APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	6251
201704 APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1479
201704 APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	356
201704 APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	10648
201704 APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	6078
201704 APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201704 APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	3
201704 APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	9
201704 APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1412
201704 APPL	491	RECEIPT OF EARNED INCOME	1956
201704 APPL	492	UNEARNED INCOME HAS INCREASED	2859

201704	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	56
201704	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	192
201704	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	37
201704	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	2
201704	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	142
201704	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	103
201704	APPL	499	RECEIPT OF VETERANS BENEFITS	2
201704	APPL	500	INCREASE IN VETERANS BENEFITS	2
201704	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	49
201704	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	18
201704	APPL	512	ACCOUNT TRANSFER TO FHK	29
201704	APPL	514	ACCOUNT TRANSFER TO FFM	56133
201704	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	24055
201704	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	400
201704	APPL	521	REOPENED CASE CLOSED IN ERROR	16
201704	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	153
201704	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	40
201704	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	107
201704	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	16426
201704	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	14
201704	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	29011
201704	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	4
201704	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	238
201704	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	7
201704	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	147
201704	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201704	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201704	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	923
201704	APPL	591	CHILD PLACED BACK IN HOME	1
201704	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	18
201704	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201704	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201704	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	3
201704	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	1
201704	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201704	APPL	838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	1
201704	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201704	APPL	866	INELIGIBLE EMERGENCY FOOD STAMPS IN 2005 (IHE)	1
201704	APPL	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	3
201704	APPL	886	You under-reported the income of a household member.	1
201704	APPL	937	INCREASED BENEFIT DUE TO SHELTER COSTS	1
201704	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201704	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	5
201704	CLOS	021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201704	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	25
201704	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	29
201704	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201704	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1
201704	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	9
201704	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	12
201704	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	2
201704	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	8
201704	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201704	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	19
201704	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	28
201704	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	3
201704	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	3
201704	CLOS	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	1
201704	CLOS	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	2
201704	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	2
201704	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7
201704	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201704	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201704	CLOS	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	1
201704	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	105
201704	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	48
201704	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	2
201704	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	4
201704	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	2
201704	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	2
201704	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	25
201704	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201704	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	5
201704	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201704	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201704	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	30
201704	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	38
201704	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	11
201704	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	8
201704	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	142
201704	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	8
201704	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201704	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	559
201704	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	23
201704	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	91
201704	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201704	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201704	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	10
201704	CLOS	110	DECREASE/LOSS OF EARNED INCOME	106
201704	CLOS	110	DECREASE/LOSS OF EARNED INCOME	31
201704	CLOS	110	DECREASE/LOSS OF EARNED INCOME	1

201704	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201704	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	2
201704	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	12
201704	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201704	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201704	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201704	CLOS	125	PROVISIONAL MEDICAID APPROVED	3
201704	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201704	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	4
201704	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	4
201704	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	5
201704	CLOS	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201704	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	4
201704	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	64
201704	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	6
201704	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201704	CLOS	167	TEMPORARY CASH REDUCED TO REPAY SEVERANCE BENEFIT	1
201704	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201704	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	273
201704	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	332
201704	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	77
201704	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	10
201704	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201704	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201704	CLOS	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201704	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	92
201704	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	7
201704	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201704	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	3
201704	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2
201704	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201704	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	10
201704	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	396
201704	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2
201704	CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201704	CLOS	179	FINANCIAL CONSENT WAS REVOKED	103
201704	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201704	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	1
201704	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201704	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	522
201704	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	77
201704	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	43
201704	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	72
201704	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4258
201704	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3689
201704	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201704	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201704	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	19
201704	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	3
201704	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201704	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	181
201704	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	28
201704	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	1
201704	CLOS	201	NO CHILD SUPPORT DISREGARD	1
201704	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	6
201704	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	234
201704	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	11
201704	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201704	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	36
201704	CLOS	221	FAILURE TO SUBMIT YOUR COMPLETED PERIODIC REPORTING FORM	1
201704	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1099
201704	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	36198
201704	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	94
201704	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1211
201704	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	25
201704	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2300
201704	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5627
201704	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	54
201704	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201704	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	81
201704	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	12
201704	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201704	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	263
201704	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	182
201704	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	1
201704	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	3
201704	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	11
201704	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	11
201704	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	6
201704	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	5
201704	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	12
201704	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	132163
201704	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	317
201704	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	50
201704	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	140
201704	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	1059
201704	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	61200
201704	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	568
201704	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	5
201704	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201704	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1

201704	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201704	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	3
201704	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	552
201704	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1936
201704	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	24
201704	CLOS	257	RELOCATION ASSISTANCE APPROVED	5
201704	CLOS	257	RELOCATION ASSISTANCE APPROVED	1
201704	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	65
201704	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	28
201704	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	16
201704	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201704	CLOS	267	INELIGIBLE DUE TO INCARCERATION	11
201704	CLOS	267	INELIGIBLE DUE TO INCARCERATION	135
201704	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	65
201704	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	43
201704	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	8
201704	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	13
201704	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	7
201704	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	241
201704	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201704	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201704	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201704	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	6
201704	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	6
201704	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	53
201704	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	239
201704	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	8
201704	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	2
201704	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	3
201704	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	11
201704	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	56
201704	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	6
201704	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	7
201704	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201704	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201704	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201704	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	1
201704	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	7
201704	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	3731
201704	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201704	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3
201704	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	950
201704	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	81
201704	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	4
201704	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	63
201704	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	43
201704	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	2
201704	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	10
201704	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	9
201704	CLOS	320	INCOME FROM RENTAL PROPERTY	2
201704	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201704	CLOS	322	RECEIPT OF LUMP SUM PAYMENT	1
201704	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	3
201704	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	12
201704	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	2
201704	CLOS	338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION	1
201704	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201704	CLOS	341	PARENT NOT INCAPACITED ANYMORE	3
201704	CLOS	341	PARENT NOT INCAPACITED ANYMORE	2
201704	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	66
201704	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	67
201704	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	32
201704	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	30
201704	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	30
201704	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	5099
201704	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	151
201704	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2329
201704	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	38
201704	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3671
201704	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	36
201704	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	14
201704	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	73
201704	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	2
201704	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	832
201704	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	586
201704	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	6
201704	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	8
201704	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	21
201704	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	21
201704	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	172
201704	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	27
201704	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	1
201704	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	1
201704	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	9
201704	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	49
201704	CLOS	354	YOU DID NOT VERIFY DISABILITY	3
201704	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201704	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	14
201704	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	6
201704	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	41
201704	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	120

201704	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	20
201704	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	82
201704	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	49
201704	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	1
201704	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	318
201704	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	6943
201704	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	79
201704	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	886
201704	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201704	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	10
201704	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	181
201704	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	208
201704	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	15
201704	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	10
201704	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	71
201704	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	100
201704	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	9
201704	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	26
201704	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	9
201704	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	61
201704	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	167
201704	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	30
201704	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	102
201704	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	25
201704	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201704	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	141
201704	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	9
201704	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	1
201704	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	16
201704	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	30
201704	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2522
201704	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3296
201704	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	139
201704	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	323
201704	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	50
201704	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1323
201704	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	498
201704	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	3
201704	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	40
201704	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201704	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	9
201704	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	3
201704	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	14191
201704	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	189
201704	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	10265
201704	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	218
201704	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5
201704	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	117
201704	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	83
201704	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	25
201704	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	172
201704	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	131
201704	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	1
201704	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	38
201704	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	3
201704	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201704	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201704	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	969
201704	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	14
201704	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	106
201704	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	7
201704	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	3
201704	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	17
201704	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	138
201704	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	3
201704	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	29
201704	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	56
201704	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	5
201704	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	231
201704	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	4981
201704	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	10
201704	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	323
201704	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	334
201704	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	25
201704	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3397
201704	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	3204
201704	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	56
201704	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	522
201704	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	31
201704	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	3
201704	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	569
201704	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1547
201704	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	15
201704	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	108
201704	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	1
201704	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	8
201704	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	389
201704	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	109
201704	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	4
201704	CLOS	391	NO APPROPRIATE PLACEMENT	3
201704	CLOS	391	NO APPROPRIATE PLACEMENT	8

201704	CLOS	393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	1
201704	CLOS	393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	1
201704	CLOS	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT	1
201704	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	264
201704	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	81
201704	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	1
201704	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	79
201704	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	3
201704	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201704	CLOS	403	CHILD AGE 19 OR OLDER	91
201704	CLOS	403	CHILD AGE 19 OR OLDER	289
201704	CLOS	403	CHILD AGE 19 OR OLDER	5
201704	CLOS	404	CHILD AGE 21 OR OLDER	20
201704	CLOS	404	CHILD AGE 21 OR OLDER	203
201704	CLOS	404	CHILD AGE 21 OR OLDER	843
201704	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201704	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	2
201704	CLOS	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201704	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	21
201704	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	5
201704	CLOS	410	CHILD HAS BEEN ADOPTED	6
201704	CLOS	410	CHILD HAS BEEN ADOPTED	1
201704	CLOS	410	CHILD HAS BEEN ADOPTED	36
201704	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201704	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201704	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201704	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	8
201704	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	119
201704	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	3
201704	CLOS	418	HEARING APPEAL HAS BEEN DENIED	2
201704	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	8
201704	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201704	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	23
201704	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	35
201704	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	196
201704	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	77
201704	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	20
201704	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201704	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201704	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	14
201704	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	12
201704	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	75
201704	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	177
201704	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	3
201704	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201704	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201704	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	496
201704	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	30
201704	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	7
201704	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	2
201704	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	14
201704	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	902
201704	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	179
201704	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1
201704	CLOS	434	RESERVED	2
201704	CLOS	435	RESERVED	1
201704	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201704	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	4
201704	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	10
201704	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201704	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	5
201704	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	3
201704	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	5
201704	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	1
201704	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201704	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201704	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	1
201704	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	5
201704	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	74
201704	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	7
201704	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	74
201704	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	10
201704	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	8
201704	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	54
201704	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	10
201704	CLOS	457	RELOCATION ASSISTANCE HAS BEEN DENIED	1
201704	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	41
201704	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	6
201704	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	27
201704	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	20
201704	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	7
201704	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	40
201704	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	41
201704	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	2
201704	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	9346
201704	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	2713
201704	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1
201704	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	4
201704	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	3
201704	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1
201704	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	857

201704	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3069
201704	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	810
201704	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	111
201704	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	25
201704	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	485
201704	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	480
201704	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201704	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	5
201704	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6
201704	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	18
201704	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	16
201704	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	3
201704	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	45
201704	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	2
201704	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	478
201704	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	133
201704	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	29
201704	CLOS	491	RECEIPT OF EARNED INCOME	40
201704	CLOS	491	RECEIPT OF EARNED INCOME	642
201704	CLOS	491	RECEIPT OF EARNED INCOME	348
201704	CLOS	492	UNEARNED INCOME HAS INCREASED	227
201704	CLOS	492	UNEARNED INCOME HAS INCREASED	285
201704	CLOS	492	UNEARNED INCOME HAS INCREASED	10
201704	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201704	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201704	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	5
201704	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	127
201704	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	81
201704	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	24
201704	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	3
201704	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	23
201704	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	8
201704	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	15
201704	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	28
201704	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	5
201704	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	59
201704	CLOS	500	INCREASE IN VETERANS BENEFITS	2
201704	CLOS	500	INCREASE IN VETERANS BENEFITS	2
201704	CLOS	501	INCOME OF BROTHER OR SISTER	57
201704	CLOS	501	INCOME OF BROTHER OR SISTER	4
201704	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201704	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	31
201704	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201704	CLOS	505	DEEMED INCOME OF A SPOUSE	4
201704	CLOS	505	DEEMED INCOME OF A SPOUSE	2
201704	CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	1
201704	CLOS	512	ACCOUNT TRANSFER TO FHK	19
201704	CLOS	512	ACCOUNT TRANSFER TO FHK	5
201704	CLOS	514	ACCOUNT TRANSFER TO FFM	584
201704	CLOS	514	ACCOUNT TRANSFER TO FFM	159
201704	CLOS	514	ACCOUNT TRANSFER TO FFM	3
201704	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	18
201704	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	35
201704	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	224
201704	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	48986
201704	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	8246
201704	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	349
201704	CLOS	521	REOPENED CASE CLOSED IN ERROR	1
201704	CLOS	521	REOPENED CASE CLOSED IN ERROR	8
201704	CLOS	521	REOPENED CASE CLOSED IN ERROR	11
201704	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201704	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201704	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201704	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	9
201704	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	6523
201704	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	28
201704	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	173
201704	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	26
201704	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	86
201704	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	2266
201704	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	208
201704	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	51
201704	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	9
201704	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	38
201704	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7575
201704	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	995
201704	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	80
201704	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	4
201704	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	195
201704	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	3529
201704	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	219
201704	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	21
201704	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	18
201704	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	225
201704	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	534
201704	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	29
201704	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	16
201704	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	6
201704	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	54
201704	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	8
201704	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	50

201704	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201704	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	268
201704	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	4396
201704	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	24550
201704	CLOS	591	CHILD PLACED BACK IN HOME	12
201704	CLOS	591	CHILD PLACED BACK IN HOME	157
201704	CLOS	591	CHILD PLACED BACK IN HOME	1
201704	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201704	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201704	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201704	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	62
201704	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	40
201704	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201704	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201704	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201704	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	9
201704	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	49
201704	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201704	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201704	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	5
201704	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	2
201704	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	1
201704	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	2
201704	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	1
201704	CLOS	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	1
201704	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	9
201704	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201704	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	1
201704	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201704	CLOS	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	2
201704	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201704	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	1
201704	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201704	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201704	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	1
201704	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	2
201704	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	2
201704	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	14
201704	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201704	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	2
201704	CLOS	868	INELIGIBLE IDENTITY THEFT	2
201704	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201704	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201704	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	9
201704	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	5
201704	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	14
201704	CLOS	886	You under-reported the income of a household member.	3
201704	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	4
201704	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	4
201704	CLOS	941	RESTORATION BENEFIT DUE TO HEARING DECISION	2
201704	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201704	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	6
201704	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201704	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201704	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	4
201704	CLOS	980	RETURNED MAIL	3
201704	CLOS	984	CHILD REMOVED FROM HOME BY COURT ORDER	3
201705	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	9
201705	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	11
201705	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	685183
201705	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	175
201705	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	20322
201705	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2167
201705	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	17388
201705	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	22
201705	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	41
201705	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201705	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	68928
201705	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	199
201705	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	10
201705	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7136
201705	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	329
201705	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	11
201705	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	10
201705	APPL	064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	1
201705	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	2
201705	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	2
201705	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	60
201705	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	19
201705	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	17
201705	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	7
201705	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	300
201705	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	350
201705	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	78
201705	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	68811
201705	APPL	096	YOU HAVE REQUESTED A HEARING	6
201705	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201705	APPL	099	THE ASSISTANCE GROUP HAS MOVED	3
201705	APPL	110	DECREASE/LOSS OF EARNED INCOME	389
201705	APPL	111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	3
201705	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	91

201705	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201705	APPL	125	PROVISIONAL MEDICAID APPROVED	112
201705	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	45
201705	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	58
201705	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	9
201705	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8224
201705	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	71
201705	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	507
201705	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	54
201705	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	2
201705	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	5
201705	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	168
201705	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	25
201705	APPL	170	YOU ARE NOT AGE 65 OR OLDER	117
201705	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	12
201705	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201705	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	2
201705	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201705	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2152
201705	APPL	179	FINANCIAL CONSENT WAS REVOKED	223
201705	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	2
201705	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201705	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	2
201705	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	4
201705	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	718
201705	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6524
201705	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	5
201705	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1242
201705	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201705	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	347
201705	APPL	201	NO CHILD SUPPORT DISREGARD	2
201705	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	17
201705	APPL	218	CHANGE IN FOOD STAMP BENEFITS	60
201705	APPL	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	1
201705	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	541
201705	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	4885
201705	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	35851
201705	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1360
201705	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	300
201705	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	71
201705	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	279
201705	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	15978
201705	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	21
201705	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	113
201705	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	28
201705	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2449
201705	APPL	257	RELOCATION ASSISTANCE APPROVED	5
201705	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201705	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	14
201705	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	79
201705	APPL	262	FAILURE TO MEET SHARE OF COST	7
201705	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	28
201705	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	4
201705	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	16
201705	APPL	267	INELIGIBLE DUE TO INCARCERATION	5
201705	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	14
201705	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	49
201705	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201705	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	5
201705	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	3
201705	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	6
201705	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	12
201705	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201705	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	77
201705	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	6
201705	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1930
201705	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	110
201705	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	22
201705	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2
201705	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4211
201705	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201705	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	269
201705	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	37
201705	APPL	320	INCOME FROM RENTAL PROPERTY	2
201705	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	22
201705	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	13
201705	APPL	341	PARENT NOT INCAPACITED ANYMORE	2
201705	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2146
201705	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	4
201705	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	12
201705	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1612
201705	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	18
201705	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	7
201705	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	540
201705	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	40
201705	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	83
201705	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	451
201705	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	29
201705	APPL	354	YOU DID NOT VERIFY DISABILITY	19
201705	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	28
201705	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	53

201705	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	11
201705	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	290
201705	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	14
201705	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2724
201705	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3524
201705	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	8
201705	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	63
201705	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	73
201705	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1464
201705	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	138
201705	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	13
201705	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	26
201705	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4049
201705	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	56
201705	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	17
201705	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	64631
201705	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4718
201705	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	10
201705	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	747
201705	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201705	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	41
201705	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	630
201705	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	220
201705	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	71
201705	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	171
201705	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2207
201705	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	103
201705	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	57
201705	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	122
201705	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	3
201705	APPL	389	WITHDRAWN - NO NOTICE GENERATED	174
201705	APPL	391	NO APPROPRIATE PLACEMENT	88
201705	APPL	392	FAILED DUE TO FLORIDA PLACEMENT	5
201705	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	733
201705	APPL	403	CHILD AGE 19 OR OLDER	6
201705	APPL	404	CHILD AGE 21 OR OLDER	8
201705	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	4
201705	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	44
201705	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	228
201705	APPL	410	CHILD HAS BEEN ADOPTED	2
201705	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	4
201705	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	2
201705	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201705	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	7
201705	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201705	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	57
201705	APPL	421	ELIGIBLE CHILD HAS TURNED 18	22
201705	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201705	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	18
201705	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	18
201705	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	6
201705	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	9
201705	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	110
201705	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2174
201705	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201705	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	4
201705	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	217
201705	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	57
201705	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	28
201705	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	6
201705	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	5
201705	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	3
201705	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	22
201705	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	5
201705	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	2
201705	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201705	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	2
201705	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	75
201705	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	250
201705	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	53
201705	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	2
201705	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7115
201705	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1654
201705	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	463
201705	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	12682
201705	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	6494
201705	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	5
201705	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201705	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1626
201705	APPL	491	RECEIPT OF EARNED INCOME	2100
201705	APPL	492	UNEARNED INCOME HAS INCREASED	3021
201705	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	73
201705	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	187
201705	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	43
201705	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201705	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	127
201705	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	141
201705	APPL	499	RECEIPT OF VETERANS BENEFITS	3
201705	APPL	500	INCREASE IN VETERANS BENEFITS	1
201705	APPL	501	INCOME OF BROTHER OR SISTER	1
201705	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1

201705	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201705	APPL	505	DEEMED INCOME OF A SPOUSE	1
201705	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	53
201705	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	28
201705	APPL	512	ACCOUNT TRANSFER TO FHK	31
201705	APPL	514	ACCOUNT TRANSFER TO FFM	57974
201705	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	22808
201705	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	377
201705	APPL	521	REOPENED CASE CLOSED IN ERROR	13
201705	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	214
201705	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	58
201705	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	101
201705	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	21529
201705	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	12
201705	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	36003
201705	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	9
201705	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	232
201705	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	2
201705	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	172
201705	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	2
201705	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	12
201705	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	891
201705	APPL	591	CHILD PLACED BACK IN HOME	3
201705	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	20
201705	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201705	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201705	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201705	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201705	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201705	APPL	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201705	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201705	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	6
201705	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201705	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	9
201705	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	13
201705	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201705	CLOS	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	1
201705	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201705	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	8
201705	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	2
201705	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1
201705	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	4
201705	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	5
201705	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	13
201705	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	36
201705	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	1
201705	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201705	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	3
201705	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6
201705	CLOS	057	RELOCATION ASSISTANCE APPROVED	3
201705	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201705	CLOS	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201705	CLOS	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	1
201705	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	81
201705	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	32
201705	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	5
201705	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201705	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201705	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	4
201705	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	25
201705	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201705	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	5
201705	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201705	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	21
201705	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	32
201705	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	25
201705	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	18
201705	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	125
201705	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	5
201705	CLOS	096	YOU HAVE REQUESTED A HEARING	1
201705	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	3
201705	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	619
201705	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	15
201705	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	149
201705	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	6
201705	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	16
201705	CLOS	110	DECREASE/LOSS OF EARNED INCOME	152
201705	CLOS	110	DECREASE/LOSS OF EARNED INCOME	35
201705	CLOS	110	DECREASE/LOSS OF EARNED INCOME	2
201705	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201705	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201705	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	22
201705	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201705	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201705	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201705	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	9
201705	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201705	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201705	CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201705	CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201705	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	77

201705	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	7
201705	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	8
201705	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201705	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	71
201705	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	341
201705	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	227
201705	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201705	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	10
201705	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	14
201705	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	108
201705	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201705	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201705	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201705	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	351
201705	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	15
201705	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	5
201705	CLOS	179	FINANCIAL CONSENT WAS REVOKED	96
201705	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201705	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	10
201705	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	1
201705	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201705	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201705	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201705	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	103
201705	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	534
201705	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	41
201705	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	68
201705	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3449
201705	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3755
201705	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201705	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	2
201705	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	23
201705	CLOS	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201705	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	3
201705	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	230
201705	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	34
201705	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	2
201705	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	71
201705	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	14
201705	CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	1
201705	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	9
201705	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	997
201705	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	34969
201705	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	56
201705	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1
201705	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1234
201705	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	28
201705	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1244
201705	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5713
201705	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	54
201705	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201705	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	70
201705	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	15
201705	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	157
201705	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	258
201705	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	2
201705	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	6
201705	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201705	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	6
201705	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	8
201705	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	8
201705	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201705	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	221
201705	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	124221
201705	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	15
201705	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	51
201705	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	56895
201705	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	1043
201705	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	3
201705	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	570
201705	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201705	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201705	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201705	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1779
201705	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	533
201705	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	32
201705	CLOS	257	RELOCATION ASSISTANCE APPROVED	6
201705	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201705	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201705	CLOS	259	REPAYMENT OF RELOCATION BENEFIT IS MORE THAN TEMPORARY CASH	1
201705	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201705	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201705	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201705	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201705	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201705	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	37
201705	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	56
201705	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	18
201705	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201705	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201705	CLOS	267	INELIGIBLE DUE TO INCARCERATION	203

201705	CLOS	267	INELIGIBLE DUE TO INCARCERATION	30
201705	CLOS	267	INELIGIBLE DUE TO INCARCERATION	2
201705	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	1
201705	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	100
201705	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	33
201705	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	7
201705	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	18
201705	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	8
201705	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	201
201705	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	6
201705	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201705	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	61
201705	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	3
201705	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	238
201705	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	4
201705	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	3
201705	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	9
201705	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	82
201705	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	16
201705	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	6
201705	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201705	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201705	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	4
201705	CLOS	285	HURRICANE KATRINA EVACUEE	3
201705	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	2880
201705	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	7
201705	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	90
201705	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1039
201705	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4
201705	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201705	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	68
201705	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	49
201705	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	9
201705	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	9
201705	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	31
201705	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201705	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201705	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	10
201705	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	6
201705	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201705	CLOS	335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	1
201705	CLOS	338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION	1
201705	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201705	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201705	CLOS	342	PARENT DID NOT PROVE INCAPACITY	1
201705	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	57
201705	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	71
201705	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	29
201705	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	2
201705	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	16
201705	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	19
201705	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	5154
201705	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2587
201705	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	153
201705	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	8
201705	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	56
201705	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3894
201705	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	24
201705	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	18
201705	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	1
201705	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	2
201705	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	81
201705	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	865
201705	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	651
201705	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	39
201705	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1
201705	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	7
201705	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	17
201705	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	12
201705	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	176
201705	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	23
201705	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	2
201705	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	6
201705	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	35
201705	CLOS	354	YOU DID NOT VERIFY DISABILITY	4
201705	CLOS	354	YOU DID NOT VERIFY DISABILITY	4
201705	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	11
201705	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	1
201705	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	28
201705	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	128
201705	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	11
201705	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	110
201705	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	29
201705	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	248
201705	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	7657
201705	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	813
201705	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	45
201705	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	3
201705	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201705	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	207
201705	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	226

201705	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	33
201705	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	10
201705	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	69
201705	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	135
201705	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201705	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	10
201705	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	13
201705	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	24
201705	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	47
201705	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	35
201705	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	3
201705	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	7
201705	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	20
201705	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	178
201705	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	17
201705	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	5
201705	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201705	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	2
201705	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2469
201705	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	23
201705	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1
201705	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	107
201705	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3451
201705	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1132
201705	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	313
201705	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	49
201705	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	5
201705	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	55
201705	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	527
201705	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	2
201705	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	11
201705	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	7
201705	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	13697
201705	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	137
201705	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	9376
201705	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	238
201705	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4
201705	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	85
201705	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	128
201705	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	35
201705	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	180
201705	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	136
201705	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	1
201705	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	51
201705	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201705	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201705	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	911
201705	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	108
201705	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	5
201705	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	13
201705	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	13
201705	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	139
201705	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	26
201705	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	54
201705	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	4
201705	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	213
201705	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5282
201705	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	12
201705	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	414
201705	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	414
201705	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	31
201705	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3486
201705	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2865
201705	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	44
201705	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	443
201705	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	55
201705	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	2
201705	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	656
201705	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1178
201705	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	3
201705	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	63
201705	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	6
201705	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	339
201705	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	133
201705	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	6
201705	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	2
201705	CLOS	391	NO APPROPRIATE PLACEMENT	2
201705	CLOS	391	NO APPROPRIATE PLACEMENT	3
201705	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT	1
201705	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT	1
201705	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT	2
201705	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT	1
201705	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	6
201705	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	150
201705	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	335
201705	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	3
201705	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201705	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	7
201705	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	99
201705	CLOS	403	CHILD AGE 19 OR OLDER	84
201705	CLOS	403	CHILD AGE 19 OR OLDER	319

201705	CLOS	403	CHILD AGE 19 OR OLDER 1
201705	CLOS	404	CHILD AGE 21 OR OLDER 25
201705	CLOS	404	CHILD AGE 21 OR OLDER 72
201705	CLOS	404	CHILD AGE 21 OR OLDER 723
201705	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 17
201705	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 13
201705	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 2
201705	CLOS	410	CHILD HAS BEEN ADOPTED 5
201705	CLOS	410	CHILD HAS BEEN ADOPTED 9
201705	CLOS	410	CHILD HAS BEEN ADOPTED 40
201705	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED 2
201705	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL 2
201705	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 4
201705	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 166
201705	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 3
201705	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 3
201705	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 46
201705	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 22
201705	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 216
201705	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 39
201705	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 27
201705	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 6
201705	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 1
201705	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 16
201705	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 8
201705	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 162
201705	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 1
201705	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 60
201705	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 1
201705	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 467
201705	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 32
201705	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 2
201705	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 17
201705	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 777
201705	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 172
201705	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 1
201705	CLOS	434	RESERVED 1
201705	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201705	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 2
201705	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 5
201705	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 6
201705	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 6
201705	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 4
201705	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 1
201705	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 2
201705	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 3
201705	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 1
201705	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201705	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201705	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201705	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS 1
201705	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 4
201705	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 3
201705	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 105
201705	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 3
201705	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 49
201705	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 11
201705	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 17
201705	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 54
201705	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 2
201705	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 3
201705	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 48
201705	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 8
201705	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 20
201705	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 19
201705	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 6
201705	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 49
201705	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 63
201705	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 3
201705	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 9232
201705	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 2519
201705	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1
201705	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 8
201705	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 840
201705	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 3020
201705	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 872
201705	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 101
201705	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 23
201705	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 505
201705	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 488
201705	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED 1
201705	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 128
201705	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 10
201705	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 8
201705	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 1
201705	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 2
201705	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 57
201705	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 155
201705	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 24
201705	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 494
201705	CLOS	491	RECEIPT OF EARNED INCOME 322

201705	CLOS	491	RECEIPT OF EARNED INCOME 45
201705	CLOS	491	RECEIPT OF EARNED INCOME 685
201705	CLOS	492	UNEARNED INCOME HAS INCREASED 183
201705	CLOS	492	UNEARNED INCOME HAS INCREASED 11
201705	CLOS	492	UNEARNED INCOME HAS INCREASED 221
201705	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 8
201705	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1
201705	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 94
201705	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 27
201705	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 112
201705	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 3
201705	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 22
201705	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 22
201705	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 35
201705	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 83
201705	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 4
201705	CLOS	499	RECEIPT OF VETERANS BENEFITS 1
201705	CLOS	500	INCREASE IN VETERANS BENEFITS 1
201705	CLOS	500	INCREASE IN VETERANS BENEFITS 1
201705	CLOS	501	INCOME OF BROTHER OR SISTER 55
201705	CLOS	501	INCOME OF BROTHER OR SISTER 5
201705	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 20
201705	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 1
201705	CLOS	503	DEEMED INCOME FROM A SPONSOR 1
201705	CLOS	505	DEEMED INCOME OF A SPOUSE 8
201705	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED 1
201705	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 3
201705	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 3
201705	CLOS	512	ACCOUNT TRANSFER TO FHK 2
201705	CLOS	512	ACCOUNT TRANSFER TO FHK 6
201705	CLOS	514	ACCOUNT TRANSFER TO FFM 191
201705	CLOS	514	ACCOUNT TRANSFER TO FFM 3
201705	CLOS	514	ACCOUNT TRANSFER TO FFM 578
201705	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 249
201705	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 8
201705	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 45
201705	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 7224
201705	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 522
201705	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 45720
201705	CLOS	521	REOPENED CASE CLOSED IN ERROR 11
201705	CLOS	521	REOPENED CASE CLOSED IN ERROR 1
201705	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5
201705	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5
201705	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 2
201705	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 7064
201705	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 247
201705	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 33
201705	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 2
201705	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 21
201705	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 88
201705	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 3055
201705	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 216
201705	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 83
201705	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 10
201705	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 42
201705	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 8228
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201705	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 1
201705	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 7
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201705	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 112
201705	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 39
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201705	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 4
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201705	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 4255
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201705	CLOS	591	CHILD PLACED BACK IN HOME 5
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201705	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 66
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201705	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 3
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201705	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER 1
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201705	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	2
201705	CLOS	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	3
201705	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	5
201705	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201705	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	1
201705	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201705	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	1
201705	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	1
201705	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	7
201705	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	1
201705	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	6
201705	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	17
201705	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	2
201705	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	1
201705	CLOS	868	INELIGIBLE IDENTITY THEFT	3
201705	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201705	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201705	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201705	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	7
201705	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201705	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201705	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201705	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	5
201705	CLOS	888	BR CASE HAS BEEN CONVERTED IPV(IBRS)	1
201705	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	4
201705	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	5
201705	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201705	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	6
201705	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201705	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201705	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	8
201705	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201705	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	8
201705	CLOS	987	INTERCEPTION AS A RESULT OF EBT	1
201706	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201706	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	31
201706	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201706	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	702711
201706	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	181
201706	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	20529
201706	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2366
201706	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	18798
201706	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	24
201706	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	72
201706	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201706	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	69423
201706	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	194
201706	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	5
201706	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7408
201706	APPL	057	RELOCATION ASSISTANCE APPROVED	1
201706	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	351
201706	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	10
201706	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	7
201706	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	2
201706	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	67
201706	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	26
201706	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	26
201706	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	3
201706	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	247
201706	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	372
201706	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	74
201706	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	72063
201706	APPL	096	YOU HAVE REQUESTED A HEARING	5
201706	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201706	APPL	099	THE ASSISTANCE GROUP HAS MOVED	6
201706	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201706	APPL	110	DECREASE/LOSS OF EARNED INCOME	513
201706	APPL	111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201706	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	189
201706	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	2
201706	APPL	125	PROVISIONAL MEDICAID APPROVED	152
201706	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	46
201706	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	58
201706	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	13
201706	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8630
201706	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	69
201706	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	512
201706	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	56
201706	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	6
201706	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	144
201706	APPL	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201706	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	22
201706	APPL	170	YOU ARE NOT AGE 65 OR OLDER	107
201706	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	23
201706	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201706	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	2
201706	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2078
201706	APPL	179	FINANCIAL CONSENT WAS REVOKED	234
201706	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201706	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201706	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	5

201706	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201706	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	812
201706	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6881
201706	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	4
201706	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1027
201706	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	3
201706	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	311
201706	APPL	201	NO CHILD SUPPORT DISREGARD	3
201706	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	10
201706	APPL	218	CHANGE IN FOOD STAMP BENEFITS	58
201706	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	528
201706	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5423
201706	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	37176
201706	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1450
201706	APPL	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201706	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	307
201706	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	67
201706	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201706	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	235
201706	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	17028
201706	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	28
201706	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201706	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	117
201706	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	34
201706	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2541
201706	APPL	257	RELOCATION ASSISTANCE APPROVED	7
201706	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201706	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	96
201706	APPL	262	FAILURE TO MEET SHARE OF COST	2
201706	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	53
201706	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201706	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	16
201706	APPL	267	INELIGIBLE DUE TO INCARCERATION	6
201706	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	34
201706	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	70
201706	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	7
201706	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	3
201706	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	2
201706	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	8
201706	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201706	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201706	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	77
201706	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	7
201706	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1944
201706	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	69
201706	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	740
201706	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4179
201706	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201706	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	280
201706	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	23
201706	APPL	320	INCOME FROM RENTAL PROPERTY	1
201706	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	26
201706	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	10
201706	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2430
201706	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201706	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	12
201706	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1723
201706	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	40
201706	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	8
201706	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	490
201706	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	43
201706	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	62
201706	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	360
201706	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	29
201706	APPL	354	YOU DID NOT VERIFY DISABILITY	15
201706	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	71
201706	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	56
201706	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	9
201706	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	317
201706	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	9
201706	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2754
201706	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3926
201706	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201706	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	36
201706	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	92
201706	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1598
201706	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	90
201706	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	9
201706	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	19
201706	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3876
201706	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	57
201706	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	13
201706	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	68936
201706	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5126
201706	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	20
201706	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	814
201706	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201706	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	27
201706	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	504
201706	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	262
201706	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	70

201706	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	244
201706	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2290
201706	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	107
201706	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	37
201706	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	135
201706	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	4
201706	APPL	389	WITHDRAWN - NO NOTICE GENERATED	214
201706	APPL	391	NO APPROPRIATE PLACEMENT	75
201706	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	867
201706	APPL	403	CHILD AGE 19 OR OLDER	2
201706	APPL	404	CHILD AGE 21 OR OLDER	5
201706	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	5
201706	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	33
201706	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	243
201706	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201706	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201706	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	9
201706	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201706	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	37
201706	APPL	421	ELIGIBLE CHILD HAS TURNED 18	42
201706	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	3
201706	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	20
201706	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	13
201706	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	3
201706	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	7
201706	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	99
201706	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2243
201706	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	12
201706	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	267
201706	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	52
201706	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	18
201706	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	3
201706	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201706	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	4
201706	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	21
201706	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	4
201706	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	4
201706	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201706	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	10
201706	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	64
201706	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	255
201706	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	47
201706	APPL	461	CHILD(REN) ADDED AT ZERO BENEFIT	1
201706	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7548
201706	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1699
201706	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	476
201706	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	12230
201706	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	6518
201706	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201706	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	6
201706	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201706	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1491
201706	APPL	491	RECEIPT OF EARNED INCOME	2173
201706	APPL	492	UNEARNED INCOME HAS INCREASED	2936
201706	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	72
201706	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	186
201706	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	32
201706	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201706	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	131
201706	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	103
201706	APPL	499	RECEIPT OF VETERANS BENEFITS	1
201706	APPL	500	INCREASE IN VETERANS BENEFITS	1
201706	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201706	APPL	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	1
201706	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	46
201706	APPL	509	STEP PARENT INCOME	1
201706	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	48
201706	APPL	512	ACCOUNT TRANSFER TO FHK	40
201706	APPL	514	ACCOUNT TRANSFER TO FFM	58241
201706	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	24640
201706	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	402
201706	APPL	521	REOPENED CASE CLOSED IN ERROR	12
201706	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	194
201706	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	56
201706	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	99
201706	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	22955
201706	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	14
201706	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	35173
201706	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	3
201706	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	255
201706	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	3
201706	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	172
201706	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	9
201706	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	38
201706	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	898
201706	APPL	591	CHILD PLACED BACK IN HOME	4
201706	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	26
201706	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	6
201706	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	4
201706	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	7
201706	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	6

201706	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201706	APPL	819	YOU DID NOT REPORT YOUR MARRIAGE	1
201706	APPL	868	INELIGIBLE IDENTITY THEFT	1
201706	APPL	880	AUX CREATED IN ERROR(AE)	1
201706	APPL	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201706	APPL	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201706	APPL	891	YOU ARE A FLEEING FELON OR IN VIOLATION OF PROBATION AND PAROLE	1
201706	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	2
201706	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	22
201706	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	15
201706	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201706	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201706	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201706	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201706	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	5
201706	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201706	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201706	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	37
201706	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	10
201706	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201706	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201706	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	1
201706	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201706	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	5
201706	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201706	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201706	CLOS	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201706	CLOS	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	1
201706	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	90
201706	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	41
201706	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	2
201706	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	4
201706	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201706	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	24
201706	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	1
201706	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201706	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201706	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	21
201706	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	26
201706	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	25
201706	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	4
201706	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	14
201706	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	1
201706	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	86
201706	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	693
201706	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	15
201706	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201706	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	14
201706	CLOS	110	DECREASE/LOSS OF EARNED INCOME	204
201706	CLOS	110	DECREASE/LOSS OF EARNED INCOME	30
201706	CLOS	110	DECREASE/LOSS OF EARNED INCOME	2
201706	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201706	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	4
201706	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	14
201706	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201706	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201706	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201706	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201706	CLOS	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	1
201706	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	5
201706	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	1
201706	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	4
201706	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	2
201706	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	18
201706	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201706	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201706	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201706	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	2
201706	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	350
201706	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	352
201706	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	72
201706	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201706	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	5
201706	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201706	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	71
201706	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	3
201706	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201706	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2
201706	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201706	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	11
201706	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	346
201706	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	5
201706	CLOS	179	FINANCIAL CONSENT WAS REVOKED	98
201706	CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201706	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	8
201706	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201706	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	2
201706	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	47
201706	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	120
201706	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	497
201706	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3355

201706	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3287
201706	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	71
201706	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201706	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	2
201706	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	21
201706	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201706	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	203
201706	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	40
201706	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	3
201706	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201706	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	46
201706	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	5
201706	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	2
201706	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201706	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	3
201706	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	940
201706	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	34638
201706	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	81
201706	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1198
201706	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	19
201706	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1328
201706	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5296
201706	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	54
201706	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	64
201706	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	21
201706	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	159
201706	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	259
201706	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	1
201706	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	6
201706	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	9
201706	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201706	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	7
201706	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	6
201706	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201706	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	28
201706	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	133684
201706	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	242
201706	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	904
201706	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	52854
201706	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	54
201706	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	669
201706	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	6
201706	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201706	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	2
201706	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201706	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201706	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201706	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201706	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1699
201706	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	545
201706	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	19
201706	CLOS	257	RELOCATION ASSISTANCE APPROVED	4
201706	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	4
201706	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	4
201706	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	3
201706	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201706	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201706	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	30
201706	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	18
201706	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	73
201706	CLOS	267	INELIGIBLE DUE TO INCARCERATION	12
201706	CLOS	267	INELIGIBLE DUE TO INCARCERATION	149
201706	CLOS	267	INELIGIBLE DUE TO INCARCERATION	1
201706	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	23
201706	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	78
201706	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	9
201706	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1
201706	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	208
201706	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	10
201706	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	1
201706	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	56
201706	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	3
201706	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201706	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	259
201706	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	8
201706	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	2
201706	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	7
201706	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	46
201706	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	8
201706	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	6
201706	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	1
201706	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	2
201706	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201706	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT	1
201706	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	5
201706	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201706	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	3203
201706	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	2
201706	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201706	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1
201706	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	88

201706	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	928
201706	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201706	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	102
201706	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	43
201706	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	5
201706	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	10
201706	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	30
201706	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	5
201706	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	18
201706	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201706	CLOS	335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	2
201706	CLOS	338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION	1
201706	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201706	CLOS	341	PARENT NOT INCAPACITED ANYMORE	2
201706	CLOS	342	PARENT DID NOT PROVE INCAPACITY	1
201706	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	62
201706	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	75
201706	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	41
201706	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	2
201706	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	30
201706	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	33
201706	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201706	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	150
201706	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2276
201706	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4950
201706	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3822
201706	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2
201706	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	73
201706	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	11
201706	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	1
201706	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	24
201706	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	704
201706	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	9
201706	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	58
201706	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	32
201706	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1
201706	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	749
201706	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	21
201706	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	5
201706	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	14
201706	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	19
201706	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	3
201706	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	177
201706	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	37
201706	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	6
201706	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201706	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201706	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	30
201706	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	11
201706	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	1
201706	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	23
201706	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	94
201706	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	152
201706	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	240
201706	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	37
201706	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	2
201706	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	51
201706	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1029
201706	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	9322
201706	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	6
201706	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	8
201706	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	213
201706	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	25
201706	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	219
201706	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	102
201706	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	2
201706	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	52
201706	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201706	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	2
201706	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201706	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	28
201706	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	6
201706	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	23
201706	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	3
201706	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	34
201706	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	138
201706	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	4
201706	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	17
201706	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	11
201706	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	11
201706	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201706	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2543
201706	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	21
201706	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1
201706	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	30
201706	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4412
201706	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1106
201706	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	286
201706	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	41
201706	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	5
201706	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	53

201706	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	422
201706	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	4
201706	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	1
201706	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	12406
201706	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	215
201706	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8801
201706	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	196
201706	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	9
201706	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	97
201706	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	80
201706	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	24
201706	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	170
201706	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	133
201706	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	53
201706	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201706	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	7
201706	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	934
201706	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	68
201706	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	15
201706	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	1
201706	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	9
201706	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	7
201706	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	137
201706	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	27
201706	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201706	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201706	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	67
201706	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	154
201706	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5740
201706	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	555
201706	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	24
201706	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	32
201706	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	386
201706	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3323
201706	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2885
201706	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	474
201706	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	49
201706	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	12
201706	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	67
201706	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	657
201706	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	852
201706	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	83
201706	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	17
201706	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	8
201706	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	218
201706	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	113
201706	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	1
201706	CLOS	391	NO APPROPRIATE PLACEMENT	1
201706	CLOS	391	NO APPROPRIATE PLACEMENT	3
201706	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT	1
201706	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	265
201706	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	126
201706	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	4
201706	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	96
201706	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	6
201706	CLOS	403	CHILD AGE 19 OR OLDER	270
201706	CLOS	403	CHILD AGE 19 OR OLDER	4
201706	CLOS	403	CHILD AGE 19 OR OLDER	125
201706	CLOS	404	CHILD AGE 21 OR OLDER	832
201706	CLOS	404	CHILD AGE 21 OR OLDER	6
201706	CLOS	404	CHILD AGE 21 OR OLDER	45
201706	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201706	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	2
201706	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	20
201706	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	4
201706	CLOS	410	CHILD HAS BEEN ADOPTED	14
201706	CLOS	410	CHILD HAS BEEN ADOPTED	23
201706	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	5
201706	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	177
201706	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	2
201706	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	5
201706	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	8
201706	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	30
201706	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	51
201706	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	61
201706	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	4
201706	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	268
201706	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201706	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201706	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	5
201706	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	9
201706	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	58
201706	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	173
201706	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	2
201706	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201706	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201706	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	493
201706	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	32
201706	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	1
201706	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	1
201706	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	26

201706	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	727
201706	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	156
201706	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2
201706	CLOS	434	RESERVED	2
201706	CLOS	435	RESERVED	2
201706	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201706	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	3
201706	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	6
201706	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	4
201706	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	2
201706	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	6
201706	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201706	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201706	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201706	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201706	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201706	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	3
201706	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	6
201706	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	68
201706	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	5
201706	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	26
201706	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	55
201706	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	10
201706	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	55
201706	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	2
201706	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	44
201706	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	8
201706	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	21
201706	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	14
201706	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	7
201706	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	39
201706	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	64
201706	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5
201706	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	8354
201706	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	2268
201706	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	9
201706	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1
201706	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	732
201706	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3363
201706	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	886
201706	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	103
201706	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	22
201706	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	408
201706	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	482
201706	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201706	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201706	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201706	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	30
201706	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201706	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	2
201706	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	61
201706	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	126
201706	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	28
201706	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	461
201706	CLOS	491	RECEIPT OF EARNED INCOME	305
201706	CLOS	491	RECEIPT OF EARNED INCOME	31
201706	CLOS	491	RECEIPT OF EARNED INCOME	563
201706	CLOS	492	UNEARNED INCOME HAS INCREASED	132
201706	CLOS	492	UNEARNED INCOME HAS INCREASED	13
201706	CLOS	492	UNEARNED INCOME HAS INCREASED	176
201706	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	3
201706	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	93
201706	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	46
201706	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	65
201706	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201706	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	13
201706	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	1
201706	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	17
201706	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	28
201706	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	6
201706	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	62
201706	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201706	CLOS	499	RECEIPT OF VETERANS BENEFITS	2
201706	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201706	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201706	CLOS	501	INCOME OF BROTHER OR SISTER	63
201706	CLOS	501	INCOME OF BROTHER OR SISTER	3
201706	CLOS	501	INCOME OF BROTHER OR SISTER	1
201706	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	12
201706	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201706	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	21
201706	CLOS	505	DEEMED INCOME OF A SPOUSE	9
201706	CLOS	505	DEEMED INCOME OF A SPOUSE	2
201706	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	4
201706	CLOS	512	ACCOUNT TRANSFER TO FHK	8
201706	CLOS	512	ACCOUNT TRANSFER TO FHK	4
201706	CLOS	514	ACCOUNT TRANSFER TO FFM	538
201706	CLOS	514	ACCOUNT TRANSFER TO FFM	146
201706	CLOS	514	ACCOUNT TRANSFER TO FFM	1
201706	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	4
201706	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	42

201706	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	183
201706	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	40134
201706	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	5299
201706	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	426
201706	CLOS	521	REOPENED CASE CLOSED IN ERROR	2
201706	CLOS	521	REOPENED CASE CLOSED IN ERROR	8
201706	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6
201706	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201706	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201706	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201706	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	6484
201706	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	28
201706	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	304
201706	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	18
201706	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	5
201706	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	81
201706	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3173
201706	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	77
201706	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	225
201706	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	10
201706	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	56
201706	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	8265
201706	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	977
201706	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	86
201706	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	1
201706	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	105
201706	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	3227
201706	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	18
201706	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	117
201706	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201706	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	26
201706	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	79
201706	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	7
201706	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1
201706	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201706	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	8
201706	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	89
201706	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201706	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	8
201706	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201706	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	233
201706	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	3971
201706	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	21591
201706	CLOS	591	CHILD PLACED BACK IN HOME	6
201706	CLOS	591	CHILD PLACED BACK IN HOME	184
201706	CLOS	591	CHILD PLACED BACK IN HOME	3
201706	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	3
201706	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	49
201706	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201706	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	61
201706	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201706	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	6
201706	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	38
201706	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201706	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201706	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201706	CLOS	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	1
201706	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	4
201706	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	1
201706	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201706	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201706	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	3
201706	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	1
201706	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201706	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	1
201706	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	1
201706	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	4
201706	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	3
201706	CLOS	849	YOU DID NOT REPORT INCOME FROM RENTAL PROPERTY	1
201706	CLOS	849	YOU DID NOT REPORT INCOME FROM RENTAL PROPERTY	3
201706	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	7
201706	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	9
201706	CLOS	854	WE ISSUED AN AUXILLARY PAYMENT IN ERROR	1
201706	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201706	CLOS	868	INELIGIBLE IDENTITY THEFT	2
201706	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201706	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201706	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	2
201706	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	8
201706	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201706	CLOS	886	You under-reported the income of a household member.	2
201706	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	10
201706	CLOS	928	SUPPLEMENTAL FOOD STAMP ISSUANCE	1
201706	CLOS	941	RESTORATION BENEFIT DUE TO HEARING DECISION	1
201706	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	10
201706	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201706	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	4
201706	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201706	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	4
201706	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201706	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2

201706	CLOS	980	RETURNED MAIL	1
201706	CLOS	987	INTERCEPTION AS A RESULT OF EBT	4
201707	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	16
201707	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201707	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	656360
201707	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	208
201707	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	20100
201707	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2171
201707	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	16669
201707	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	16
201707	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	38
201707	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	65281
201707	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	180
201707	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	16
201707	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7168
201707	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	334
201707	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	10
201707	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	10
201707	APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201707	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	23
201707	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201707	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	85
201707	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	30
201707	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	24
201707	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2
201707	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	299
201707	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	315
201707	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	47
201707	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	66216
201707	APPL	096	YOU HAVE REQUESTED A HEARING	10
201707	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201707	APPL	099	THE ASSISTANCE GROUP HAS MOVED	5
201707	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201707	APPL	110	DECREASE/LOSS OF EARNED INCOME	385
201707	APPL	111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201707	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	123
201707	APPL	125	PROVISIONAL MEDICAID APPROVED	136
201707	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	38
201707	APPL	141	MEDICAL SERVICES SHOULD BE BILLED UNDER PIN #	1
201707	APPL	142	MEDICAL SERVICES SHOULD BE BILLED UNDER SSI #	1
201707	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	43
201707	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	10
201707	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	7961
201707	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	68
201707	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	541
201707	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	56
201707	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	2
201707	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201707	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	178
201707	APPL	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	2
201707	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	29
201707	APPL	170	YOU ARE NOT AGE 65 OR OLDER	87
201707	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	12
201707	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	6
201707	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	5
201707	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1992
201707	APPL	179	FINANCIAL CONSENT WAS REVOKED	215
201707	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201707	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201707	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201707	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	5
201707	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	766
201707	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6457
201707	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	5
201707	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1108
201707	APPL	191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	1
201707	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201707	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	255
201707	APPL	201	NO CHILD SUPPORT DISREGARD	3
201707	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201707	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	11
201707	APPL	218	CHANGE IN FOOD STAMP BENEFITS	62
201707	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	610
201707	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5211
201707	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	34993
201707	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1422
201707	APPL	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201707	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	303
201707	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	53
201707	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201707	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	236
201707	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	15625
201707	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	27
201707	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	120
201707	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	40
201707	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2423
201707	APPL	257	RELOCATION ASSISTANCE APPROVED	2
201707	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201707	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	54
201707	APPL	262	FAILURE TO MEET SHARE OF COST	6
201707	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	88

201707	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	3
201707	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	16
201707	APPL	267	INELIGIBLE DUE TO INCARCERATION	4
201707	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	32
201707	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	46
201707	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201707	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201707	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	2
201707	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	2
201707	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	10
201707	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	1
201707	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	85
201707	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	9
201707	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1850
201707	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	54
201707	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	641
201707	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3870
201707	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201707	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	244
201707	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	12
201707	APPL	320	INCOME FROM RENTAL PROPERTY	1
201707	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	26
201707	APPL	333	TEMPORARY CASH REDUCED TO REPAY STRAP DIVERSION	1
201707	APPL	336	REPAYMENT OF UPFRONT DIVERSION IS MORE THAN CASH ASSISTANCE	1
201707	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	13
201707	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2171
201707	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201707	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	4
201707	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1637
201707	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	39
201707	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	12
201707	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	478
201707	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	27
201707	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	84
201707	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	217
201707	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	30
201707	APPL	354	YOU DID NOT VERIFY DISABILITY	26
201707	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	52
201707	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	52
201707	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	7
201707	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	358
201707	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	15
201707	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2596
201707	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3900
201707	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201707	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	44
201707	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	84
201707	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1597
201707	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	108
201707	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	14
201707	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	9
201707	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3536
201707	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	65
201707	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	26
201707	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	63747
201707	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4657
201707	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	16
201707	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	782
201707	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201707	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	25
201707	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	208
201707	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	279
201707	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	61
201707	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	178
201707	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2057
201707	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	80
201707	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	95
201707	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	99
201707	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	1
201707	APPL	389	WITHDRAWN - NO NOTICE GENERATED	127
201707	APPL	390	FAILED DUE TO EMPLOYMENT HOURS	1
201707	APPL	391	NO APPROPRIATE PLACEMENT	76
201707	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	802
201707	APPL	403	CHILD AGE 19 OR OLDER	7
201707	APPL	404	CHILD AGE 21 OR OLDER	1
201707	APPL	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	1
201707	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	10
201707	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	35
201707	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	232
201707	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201707	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	3
201707	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201707	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	5
201707	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	5
201707	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	38
201707	APPL	421	ELIGIBLE CHILD HAS TURNED 18	34
201707	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	3
201707	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	19
201707	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	14
201707	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	9
201707	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	4

201707	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	107
201707	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2154
201707	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	6
201707	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	214
201707	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	45
201707	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	30
201707	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	7
201707	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	4
201707	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	4
201707	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	18
201707	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	4
201707	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	2
201707	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201707	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	1
201707	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	72
201707	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	237
201707	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	41
201707	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	6820
201707	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1553
201707	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	460
201707	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	11640
201707	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5840
201707	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201707	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	19
201707	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201707	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1643
201707	APPL	491	RECEIPT OF EARNED INCOME	1989
201707	APPL	492	UNEARNED INCOME HAS INCREASED	2663
201707	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	94
201707	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	150
201707	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	44
201707	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	101
201707	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	99
201707	APPL	499	RECEIPT OF VETERANS BENEFITS	3
201707	APPL	500	INCREASE IN VETERANS BENEFITS	4
201707	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201707	APPL	505	DEEMED INCOME OF A SPOUSE	1
201707	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	46
201707	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	38
201707	APPL	512	ACCOUNT TRANSFER TO FHK	24
201707	APPL	514	ACCOUNT TRANSFER TO FFM	57671
201707	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	23408
201707	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	320
201707	APPL	521	REOPENED CASE CLOSED IN ERROR	16
201707	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	169
201707	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	43
201707	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	71
201707	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	23817
201707	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	26
201707	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	34990
201707	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	4
201707	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	289
201707	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	166
201707	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	4
201707	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	20
201707	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	843
201707	APPL	591	CHILD PLACED BACK IN HOME	5
201707	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	23
201707	APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	3
201707	APPL	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	2
201707	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201707	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201707	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	6
201707	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201707	APPL	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	2
201707	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	14
201707	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201707	APPL	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201707	APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201707	APPL	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201707	APPL	937	INCREASED BENEFIT DUE TO SHELTER COSTS	1
201707	APPL	949	DSNAP SUPPLEMENTS DO NOT USE FOR REGULAR FA BENEFITS	1
201707	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201707	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	6
201707	CLOS	014	RECOUPMENT TO REPAY OVERPAYMENT HAS STARTED OR STOPPED	1
201707	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	21
201707	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	19
201707	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201707	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1
201707	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201707	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	6
201707	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	3
201707	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201707	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201707	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	47
201707	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	5
201707	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201707	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201707	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	2
201707	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	13
201707	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9

201707	CLOS	057	RELOCATION ASSISTANCE APPROVED	1
201707	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	5
201707	CLOS	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201707	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	27
201707	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	82
201707	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	2
201707	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201707	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201707	CLOS	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201707	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	33
201707	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201707	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	9
201707	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	2
201707	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201707	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	25
201707	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	28
201707	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	17
201707	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	12
201707	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	15
201707	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	1
201707	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201707	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201707	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	20
201707	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	701
201707	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	73
201707	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	9
201707	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	4
201707	CLOS	110	DECREASE/LOSS OF EARNED INCOME	34
201707	CLOS	110	DECREASE/LOSS OF EARNED INCOME	146
201707	CLOS	110	DECREASE/LOSS OF EARNED INCOME	2
201707	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	12
201707	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	8
201707	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201707	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201707	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201707	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201707	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	3
201707	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	6
201707	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201707	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201707	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	4
201707	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	19
201707	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201707	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201707	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201707	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201707	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	318
201707	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	466
201707	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	65
201707	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	10
201707	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	5
201707	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201707	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	84
201707	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	1
201707	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2
201707	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201707	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201707	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201707	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	17
201707	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	349
201707	CLOS	179	FINANCIAL CONSENT WAS REVOKED	100
201707	CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201707	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201707	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	2
201707	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201707	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201707	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201707	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	534
201707	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	110
201707	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	56
201707	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	90
201707	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4156
201707	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3726
201707	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	4
201707	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	22
201707	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201707	CLOS	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201707	CLOS	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201707	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	27
201707	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	185
201707	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	12
201707	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	6
201707	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	1
201707	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	6
201707	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201707	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	12
201707	CLOS	221	FAILURE TO SUBMIT YOUR COMPLETED PERIODIC REPORTING FORM	1
201707	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1122
201707	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	36578
201707	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	83
201707	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1258

201707	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	22
201707	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1562
201707	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5564
201707	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	69
201707	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	39
201707	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	18
201707	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	181
201707	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	329
201707	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	4
201707	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	9
201707	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	3
201707	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	6
201707	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	6
201707	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	5
201707	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	4
201707	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	158
201707	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	124565
201707	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	21
201707	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	124
201707	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	55165
201707	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	1031
201707	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	7
201707	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	822
201707	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201707	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201707	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201707	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1703
201707	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	459
201707	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	22
201707	CLOS	257	RELOCATION ASSISTANCE APPROVED	1
201707	CLOS	257	RELOCATION ASSISTANCE APPROVED	3
201707	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	2
201707	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201707	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201707	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	58
201707	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	29
201707	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	11
201707	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201707	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201707	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201707	CLOS	267	INELIGIBLE DUE TO INCARCERATION	17
201707	CLOS	267	INELIGIBLE DUE TO INCARCERATION	142
201707	CLOS	267	INELIGIBLE DUE TO INCARCERATION	1
201707	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	33
201707	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	82
201707	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	20
201707	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	10
201707	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1
201707	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	192
201707	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201707	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	4
201707	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201707	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	14
201707	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	77
201707	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	264
201707	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	7
201707	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	8
201707	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201707	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	73
201707	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	5
201707	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4
201707	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	4
201707	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	4
201707	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201707	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	2
201707	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	5488
201707	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	992
201707	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	70
201707	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4
201707	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	4
201707	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	21
201707	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	67
201707	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	12
201707	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	4
201707	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201707	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	8
201707	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	17
201707	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201707	CLOS	335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	1
201707	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	3
201707	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201707	CLOS	342	PARENT DID NOT PROVE INCAPACITY	1
201707	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	67
201707	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	100
201707	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	36
201707	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201707	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	3
201707	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	2
201707	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	2
201707	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2500
201707	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	5289

201707	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	180
201707	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	50
201707	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3252
201707	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	36
201707	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	12
201707	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	2
201707	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	16
201707	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	99
201707	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	795
201707	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	874
201707	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	20
201707	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	5
201707	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	1
201707	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	31
201707	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	29
201707	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	178
201707	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	43
201707	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	2
201707	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	6
201707	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	37
201707	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201707	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201707	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201707	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	5
201707	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	155
201707	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	1842
201707	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	117
201707	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	83
201707	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	19
201707	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	26
201707	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	269
201707	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	9340
201707	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1203
201707	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	74
201707	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201707	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	4
201707	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	197
201707	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	220
201707	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	27
201707	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	1
201707	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	52
201707	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	122
201707	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201707	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	6
201707	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201707	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	1
201707	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	10
201707	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	34
201707	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	70
201707	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	53
201707	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	12
201707	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201707	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	29
201707	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	125
201707	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	9
201707	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	5
201707	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	19
201707	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3779
201707	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3895
201707	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	13
201707	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	303
201707	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	48
201707	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1153
201707	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	513
201707	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	1
201707	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	43
201707	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	2
201707	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	13
201707	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	9946
201707	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	14387
201707	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	245
201707	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	6
201707	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	101
201707	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	189
201707	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	163
201707	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	140
201707	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	15
201707	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	2
201707	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	49
201707	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	120
201707	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201707	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	3
201707	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	92
201707	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	16
201707	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	1120
201707	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	7
201707	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	147
201707	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201707	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	51
201707	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	46
201707	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	1

201707	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	182
201707	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5185
201707	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	10
201707	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	522
201707	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	311
201707	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	33
201707	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2864
201707	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	3167
201707	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	80
201707	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	405
201707	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	39
201707	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	4
201707	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	681
201707	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	759
201707	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	9
201707	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	42
201707	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	1
201707	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	9
201707	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	295
201707	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	104
201707	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	3
201707	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	1
201707	CLOS	391	NO APPROPRIATE PLACEMENT	1
201707	CLOS	391	NO APPROPRIATE PLACEMENT	5
201707	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT	1
201707	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	268
201707	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	119
201707	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201707	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	5
201707	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	1
201707	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	101
201707	CLOS	403	CHILD AGE 19 OR OLDER	97
201707	CLOS	403	CHILD AGE 19 OR OLDER	2
201707	CLOS	403	CHILD AGE 19 OR OLDER	287
201707	CLOS	404	CHILD AGE 21 OR OLDER	91
201707	CLOS	404	CHILD AGE 21 OR OLDER	2
201707	CLOS	404	CHILD AGE 21 OR OLDER	769
201707	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201707	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201707	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	2
201707	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201707	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	4
201707	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	15
201707	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	6
201707	CLOS	410	CHILD HAS BEEN ADOPTED	16
201707	CLOS	410	CHILD HAS BEEN ADOPTED	1
201707	CLOS	410	CHILD HAS BEEN ADOPTED	24
201707	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201707	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201707	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201707	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	2
201707	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	133
201707	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	16
201707	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201707	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	25
201707	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	12
201707	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	256
201707	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	55
201707	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	10
201707	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	2
201707	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201707	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	17
201707	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	8
201707	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	77
201707	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	199
201707	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	3
201707	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	52
201707	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	505
201707	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	19
201707	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	3
201707	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	225
201707	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	898
201707	CLOS	434	RESERVED	2
201707	CLOS	435	RESERVED	2
201707	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201707	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	9
201707	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	1
201707	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201707	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	1
201707	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	8
201707	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	5
201707	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	1
201707	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	3
201707	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201707	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201707	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	3
201707	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	9
201707	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	66
201707	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	3
201707	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	40
201707	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	5

201707	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201707	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	40
201707	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	5
201707	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	45
201707	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	5
201707	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	24
201707	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	16
201707	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	6
201707	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	37
201707	CLOS	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	1
201707	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	10009
201707	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	67
201707	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7
201707	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1
201707	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	6
201707	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	2438
201707	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	882
201707	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3651
201707	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	956
201707	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	135
201707	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	21
201707	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	463
201707	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	514
201707	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	1
201707	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201707	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6
201707	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	6
201707	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	68
201707	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	164
201707	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	24
201707	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	543
201707	CLOS	491	RECEIPT OF EARNED INCOME	234
201707	CLOS	491	RECEIPT OF EARNED INCOME	43
201707	CLOS	491	RECEIPT OF EARNED INCOME	618
201707	CLOS	492	UNEARNED INCOME HAS INCREASED	266
201707	CLOS	492	UNEARNED INCOME HAS INCREASED	21
201707	CLOS	492	UNEARNED INCOME HAS INCREASED	245
201707	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201707	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201707	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	5
201707	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	92
201707	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	39
201707	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	69
201707	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201707	CLOS	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201707	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	16
201707	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	15
201707	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	1
201707	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	1
201707	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	64
201707	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	23
201707	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201707	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201707	CLOS	501	INCOME OF BROTHER OR SISTER	57
201707	CLOS	501	INCOME OF BROTHER OR SISTER	6
201707	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201707	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	24
201707	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	7
201707	CLOS	505	DEEMED INCOME OF A SPOUSE	8
201707	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1
201707	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1
201707	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	2
201707	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201707	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201707	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201707	CLOS	514	ACCOUNT TRANSFER TO FFM	602
201707	CLOS	514	ACCOUNT TRANSFER TO FFM	139
201707	CLOS	514	ACCOUNT TRANSFER TO FFM	2
201707	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	3
201707	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	31
201707	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	203
201707	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	44832
201707	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	3860
201707	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	127
201707	CLOS	521	REOPENED CASE CLOSED IN ERROR	4
201707	CLOS	521	REOPENED CASE CLOSED IN ERROR	3
201707	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	13
201707	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	8
201707	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201707	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201707	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201707	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201707	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	10225
201707	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	127
201707	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	9
201707	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	4
201707	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	13
201707	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	125
201707	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3634
201707	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	218
201707	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	113

201707	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	6
201707	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	45
201707	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	8720
201707	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	1050
201707	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	120
201707	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	10
201707	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	186
201707	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2520
201707	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	134
201707	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	8
201707	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	11
201707	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	31
201707	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	58
201707	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	16
201707	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	7
201707	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	3
201707	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	84
201707	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201707	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	11
201707	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201707	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	163
201707	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	2330
201707	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	72903
201707	CLOS	591	CHILD PLACED BACK IN HOME	12
201707	CLOS	591	CHILD PLACED BACK IN HOME	187
201707	CLOS	591	CHILD PLACED BACK IN HOME	6
201707	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201707	CLOS	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	1
201707	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	65
201707	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	2
201707	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	67
201707	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201707	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201707	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	53
201707	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201707	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	9
201707	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201707	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	2
201707	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201707	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	2
201707	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	1
201707	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201707	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	5
201707	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	13
201707	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	16
201707	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	19
201707	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	2
201707	CLOS	868	INELIGIBLE IDENTITY THEFT	2
201707	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201707	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	6
201707	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	2
201707	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201707	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	2
201707	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	7
201707	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	6
201707	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201707	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	3
201707	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201707	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201707	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201707	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201707	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201707	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201708	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	2
201708	APPL	012	STATEWIDE FOOD STAMP INCREASE	1
201708	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	3
201708	APPL	018	CHANGE IN FOOD STAMP BENEFITS	2
201708	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	8
201708	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201708	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	707661
201708	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	216
201708	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	20653
201708	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2355
201708	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	18561
201708	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	8
201708	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	48
201708	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201708	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	72783
201708	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	222
201708	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	13
201708	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	8043
201708	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	334
201708	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	10
201708	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201708	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	11
201708	APPL	064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	1
201708	APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	4
201708	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	16
201708	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	4
201708	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	104
201708	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	31

201708	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	24
201708	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201708	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	421
201708	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	350
201708	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	56
201708	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	70623
201708	APPL	096	YOU HAVE REQUESTED A HEARING	7
201708	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	19
201708	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201708	APPL	099	THE ASSISTANCE GROUP HAS MOVED	11
201708	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	4
201708	APPL	110	DECREASE/LOSS OF EARNED INCOME	500
201708	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	124
201708	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	2
201708	APPL	125	PROVISIONAL MEDICAID APPROVED	183
201708	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	34
201708	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	47
201708	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	9
201708	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8710
201708	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	90
201708	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	420
201708	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	87
201708	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	6
201708	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	172
201708	APPL	168	SEVERANCE BENEFIT HAS BEEN DENIED	2
201708	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	27
201708	APPL	170	YOU ARE NOT AGE 65 OR OLDER	105
201708	APPL	171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201708	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	18
201708	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	3
201708	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	2
201708	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201708	APPL	177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	1
201708	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2242
201708	APPL	179	FINANCIAL CONSENT WAS REVOKED	244
201708	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201708	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201708	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	839
201708	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6944
201708	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	5
201708	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1179
201708	APPL	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201708	APPL	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201708	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	340
201708	APPL	201	NO CHILD SUPPORT DISREGARD	4
201708	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	10
201708	APPL	218	CHANGE IN FOOD STAMP BENEFITS	319
201708	APPL	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	4
201708	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	639
201708	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5839
201708	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	39301
201708	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1662
201708	APPL	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201708	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	374
201708	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	91
201708	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201708	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	279
201708	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	17142
201708	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	21
201708	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201708	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	142
201708	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	70
201708	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2421
201708	APPL	257	RELOCATION ASSISTANCE APPROVED	3
201708	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201708	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201708	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	85
201708	APPL	262	FAILURE TO MEET SHARE OF COST	7
201708	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	107
201708	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	12
201708	APPL	267	INELIGIBLE DUE TO INCARCERATION	4
201708	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	46
201708	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	51
201708	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	4
201708	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201708	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201708	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201708	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	11
201708	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201708	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	82
201708	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	4
201708	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2222
201708	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	74
201708	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	697
201708	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201708	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4443
201708	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	6
201708	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	290
201708	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	17
201708	APPL	306	FAILED TO MEET FTP ASSET LIMIT	1
201708	APPL	320	INCOME FROM RENTAL PROPERTY	1

201708	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	16
201708	APPL	330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	1
201708	APPL	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201708	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	22
201708	APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201708	APPL	342	PARENT DID NOT PROVE INCAPACITY	1
201708	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2326
201708	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	3
201708	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	6
201708	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1945
201708	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	63
201708	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	15
201708	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	518
201708	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	39
201708	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	88
201708	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	232
201708	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	53
201708	APPL	354	YOU DID NOT VERIFY DISABILITY	19
201708	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	42
201708	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	68
201708	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	4
201708	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	309
201708	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	6
201708	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2949
201708	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4571
201708	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	7
201708	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	47
201708	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	86
201708	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1898
201708	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	82
201708	APPL	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201708	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	9
201708	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	31
201708	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4011
201708	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	57
201708	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	13
201708	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	70393
201708	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5024
201708	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	15
201708	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	1041
201708	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	3
201708	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	44
201708	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	244
201708	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	254
201708	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	80
201708	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	257
201708	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2341
201708	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	112
201708	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	98
201708	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	131
201708	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201708	APPL	389	WITHDRAWN - NO NOTICE GENERATED	144
201708	APPL	391	NO APPROPRIATE PLACEMENT	77
201708	APPL	394	FAILED DUE TO TITLE IV-E PLACEMENT	1
201708	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	816
201708	APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	4
201708	APPL	403	CHILD AGE 19 OR OLDER	17
201708	APPL	404	CHILD AGE 21 OR OLDER	7
201708	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	7
201708	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	38
201708	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	4
201708	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	9065
201708	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201708	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201708	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201708	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	5
201708	APPL	418	HEARING APPEAL HAS BEEN DENIED	1
201708	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201708	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	26
201708	APPL	421	ELIGIBLE CHILD HAS TURNED 18	31
201708	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	4
201708	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	17
201708	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	7
201708	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201708	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	4
201708	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	119
201708	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2281
201708	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	2
201708	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	7
201708	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	222
201708	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	51
201708	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	25
201708	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	5
201708	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201708	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	5
201708	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	13
201708	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	4
201708	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	3
201708	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	3
201708	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	91
201708	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	262

201708	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	75
201708	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	3
201708	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7447
201708	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1648
201708	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	484
201708	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	13746
201708	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5871
201708	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201708	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	10
201708	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201708	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1709
201708	APPL	491	RECEIPT OF EARNED INCOME	1989
201708	APPL	492	UNEARNED INCOME HAS INCREASED	2897
201708	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	81
201708	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	161
201708	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	66
201708	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	113
201708	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	117
201708	APPL	499	RECEIPT OF VETERANS BENEFITS	1
201708	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201708	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201708	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	84
201708	APPL	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	1
201708	APPL	509	STEP PARENT INCOME	1
201708	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	57
201708	APPL	512	ACCOUNT TRANSFER TO FHK	28
201708	APPL	514	ACCOUNT TRANSFER TO FFM	67688
201708	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	27785
201708	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	352
201708	APPL	521	REOPENED CASE CLOSED IN ERROR	9
201708	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	194
201708	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	50
201708	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	81
201708	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	25718
201708	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	23
201708	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	38330
201708	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201708	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	255
201708	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	5
201708	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	175
201708	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201708	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	970
201708	APPL	591	CHILD PLACED BACK IN HOME	8
201708	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	22
201708	APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201708	APPL	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201708	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201708	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201708	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	31
201708	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201708	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	4
201708	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	5
201708	APPL	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	4
201708	APPL	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201708	APPL	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201708	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201708	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201708	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201708	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	18
201708	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	14
201708	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201708	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201708	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201708	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201708	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	3
201708	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	4
201708	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201708	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	4
201708	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	57
201708	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	6
201708	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201708	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	3
201708	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201708	CLOS	057	RELOCATION ASSISTANCE APPROVED	1
201708	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	3
201708	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201708	CLOS	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201708	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	82
201708	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	29
201708	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201708	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201708	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	17
201708	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	6
201708	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201708	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	4
201708	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	2
201708	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	13
201708	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	22
201708	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	12
201708	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	11
201708	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	56

201708	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	669
201708	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	26
201708	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	115
201708	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201708	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	5
201708	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	25
201708	CLOS	110	DECREASE/LOSS OF EARNED INCOME	116
201708	CLOS	110	DECREASE/LOSS OF EARNED INCOME	33
201708	CLOS	110	DECREASE/LOSS OF EARNED INCOME	2
201708	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	2
201708	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	4
201708	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	20
201708	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	3
201708	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	2
201708	CLOS	125	PROVISIONAL MEDICAID APPROVED	2
201708	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201708	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201708	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	4
201708	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	1
201708	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201708	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201708	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	23
201708	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	5
201708	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	2
201708	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	2
201708	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201708	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201708	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	75
201708	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	537
201708	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	328
201708	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	1
201708	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201708	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201708	CLOS	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	2
201708	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	82
201708	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	7
201708	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	5
201708	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201708	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	13
201708	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	367
201708	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1
201708	CLOS	179	FINANCIAL CONSENT WAS REVOKED	86
201708	CLOS	179	FINANCIAL CONSENT WAS REVOKED	2
201708	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201708	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201708	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	1
201708	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201708	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201708	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201708	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201708	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	53
201708	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	492
201708	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	96
201708	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3594
201708	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3047
201708	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	80
201708	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201708	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	20
201708	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1
201708	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201708	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	193
201708	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	16
201708	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	1
201708	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	14
201708	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	8
201708	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	3
201708	CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	1
201708	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	17
201708	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	1
201708	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	32
201708	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	996
201708	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	34125
201708	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1298
201708	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	19
201708	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1
201708	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	49
201708	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	787
201708	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5419
201708	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	48
201708	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	23
201708	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201708	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201708	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	293
201708	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	196
201708	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	4
201708	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201708	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	6
201708	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	9
201708	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201708	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201708	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	4

201708	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	128712
201708	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	137
201708	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	5
201708	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	50
201708	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	933
201708	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	50207
201708	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	349
201708	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	4
201708	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	3
201708	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	2
201708	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201708	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201708	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	4
201708	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	3
201708	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1655
201708	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	569
201708	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	34
201708	CLOS	257	RELOCATION ASSISTANCE APPROVED	1
201708	CLOS	257	RELOCATION ASSISTANCE APPROVED	6
201708	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	3
201708	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	2
201708	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201708	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201708	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	19
201708	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	35
201708	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	6
201708	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201708	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	3
201708	CLOS	267	INELIGIBLE DUE TO INCARCERATION	24
201708	CLOS	267	INELIGIBLE DUE TO INCARCERATION	203
201708	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	46
201708	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	62
201708	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	15
201708	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	2
201708	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	196
201708	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201708	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	1
201708	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	8
201708	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	2
201708	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	65
201708	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201708	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	271
201708	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	9
201708	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	2
201708	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201708	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	5
201708	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	53
201708	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	8
201708	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4
201708	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT	1
201708	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201708	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	4
201708	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	3
201708	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	2238
201708	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201708	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	2
201708	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	930
201708	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	90
201708	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201708	CLOS	302	INELIGIBILITY CONTINUES DUE TO IMPROPER TRANSFER OF ASSETS	1
201708	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	26
201708	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	56
201708	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	2
201708	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	3
201708	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	18
201708	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	10
201708	CLOS	320	INCOME FROM RENTAL PROPERTY	2
201708	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	4
201708	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	13
201708	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201708	CLOS	337	UPFRONT DIVERSION HAS BEEN DENIED	2
201708	CLOS	338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION	1
201708	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	5
201708	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201708	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201708	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	84
201708	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	60
201708	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	44
201708	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201708	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	2
201708	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	2
201708	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	5094
201708	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2669
201708	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	202
201708	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	6
201708	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	39
201708	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3768
201708	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	36
201708	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	10
201708	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	1
201708	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	9

201708	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	76
201708	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	725
201708	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	829
201708	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	25
201708	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	6
201708	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	7
201708	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	21
201708	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	34
201708	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	166
201708	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	36
201708	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	4
201708	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	5
201708	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	6
201708	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	40
201708	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201708	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201708	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	121
201708	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	22
201708	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	311
201708	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	138
201708	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	15
201708	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	112
201708	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	19
201708	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	1
201708	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	260
201708	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	11012
201708	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	80
201708	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1121
201708	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201708	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201708	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	238
201708	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	221
201708	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	14
201708	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	8
201708	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	43
201708	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	111
201708	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201708	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	2
201708	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	12
201708	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	1
201708	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	28
201708	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	205
201708	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	12
201708	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	95
201708	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	22
201708	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201708	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	184
201708	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	10
201708	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	6
201708	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	2
201708	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1355
201708	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	19
201708	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	10
201708	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4551
201708	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1041
201708	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	247
201708	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	42
201708	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	6
201708	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	58
201708	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	510
201708	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	6
201708	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	4
201708	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	13203
201708	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	256
201708	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8076
201708	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	186
201708	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	18
201708	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	125
201708	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	110
201708	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	34
201708	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	226
201708	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	131
201708	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	5
201708	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	58
201708	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	4
201708	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201708	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	969
201708	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	11
201708	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	78
201708	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	2
201708	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	6
201708	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	163
201708	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	45
201708	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	4
201708	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	11
201708	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	66
201708	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	181
201708	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	6353
201708	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	621
201708	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	20
201708	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	36

201708	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	384
201708	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3398
201708	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2874
201708	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	600
201708	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	68
201708	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	2
201708	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	50
201708	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	760
201708	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	536
201708	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	60
201708	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	15
201708	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	9
201708	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	244
201708	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	2
201708	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	100
201708	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	2
201708	CLOS	391	NO APPROPRIATE PLACEMENT	5
201708	CLOS	393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	1
201708	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	256
201708	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	144
201708	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	2
201708	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	2
201708	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	5
201708	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	77
201708	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201708	CLOS	403	CHILD AGE 19 OR OLDER	69
201708	CLOS	403	CHILD AGE 19 OR OLDER	405
201708	CLOS	403	CHILD AGE 19 OR OLDER	8
201708	CLOS	404	CHILD AGE 21 OR OLDER	4
201708	CLOS	404	CHILD AGE 21 OR OLDER	82
201708	CLOS	404	CHILD AGE 21 OR OLDER	635
201708	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201708	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	2
201708	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	4
201708	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	10
201708	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	5
201708	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201708	CLOS	410	CHILD HAS BEEN ADOPTED	6
201708	CLOS	410	CHILD HAS BEEN ADOPTED	23
201708	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	2
201708	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	2
201708	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201708	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	145
201708	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	7
201708	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201708	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	8
201708	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	11
201708	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	188
201708	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	55
201708	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	10
201708	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	1
201708	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	4
201708	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	81
201708	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	5
201708	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	159
201708	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201708	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	415
201708	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	22
201708	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	2
201708	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	1
201708	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	19
201708	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	725
201708	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	206
201708	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1
201708	CLOS	434	RESERVED	1
201708	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201708	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	9
201708	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	4
201708	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	2
201708	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	8
201708	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	3
201708	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	4
201708	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	5
201708	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201708	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	2
201708	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	2
201708	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201708	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	1
201708	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	5
201708	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	174
201708	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	2
201708	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	38
201708	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	5
201708	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	7
201708	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	23
201708	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	1
201708	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	2
201708	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	60
201708	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	6
201708	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	22
201708	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	13

201708	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	8
201708	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	39
201708	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	27
201708	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	2
201708	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	9039
201708	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	2274
201708	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	8
201708	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	849
201708	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3218
201708	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	870
201708	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	123
201708	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	24
201708	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	479
201708	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	481
201708	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	3
201708	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	4
201708	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201708	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201708	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201708	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	9
201708	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201708	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	56
201708	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	146
201708	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	25
201708	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	549
201708	CLOS	491	RECEIPT OF EARNED INCOME	246
201708	CLOS	491	RECEIPT OF EARNED INCOME	35
201708	CLOS	491	RECEIPT OF EARNED INCOME	694
201708	CLOS	492	UNEARNED INCOME HAS INCREASED	164
201708	CLOS	492	UNEARNED INCOME HAS INCREASED	16
201708	CLOS	492	UNEARNED INCOME HAS INCREASED	267
201708	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	4
201708	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201708	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	6
201708	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	88
201708	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	46
201708	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	68
201708	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201708	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	30
201708	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	14
201708	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	37
201708	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	71
201708	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	8
201708	CLOS	501	INCOME OF BROTHER OR SISTER	3
201708	CLOS	501	INCOME OF BROTHER OR SISTER	60
201708	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	16
201708	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201708	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201708	CLOS	505	DEEMED INCOME OF A SPOUSE	2
201708	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1
201708	CLOS	509	STEP PARENT INCOME	1
201708	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	2
201708	CLOS	512	ACCOUNT TRANSFER TO FHK	7
201708	CLOS	512	ACCOUNT TRANSFER TO FHK	10
201708	CLOS	514	ACCOUNT TRANSFER TO FFM	107
201708	CLOS	514	ACCOUNT TRANSFER TO FFM	1
201708	CLOS	514	ACCOUNT TRANSFER TO FFM	511
201708	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	166
201708	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	1
201708	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	17
201708	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	2417
201708	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	133
201708	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	41605
201708	CLOS	521	REOPENED CASE CLOSED IN ERROR	5
201708	CLOS	521	REOPENED CASE CLOSED IN ERROR	7
201708	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201708	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201708	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201708	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	178
201708	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	5
201708	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	6745
201708	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	53
201708	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	12
201708	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	182
201708	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	50
201708	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3719
201708	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	34
201708	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	4
201708	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	940
201708	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	106
201708	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7761
201708	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	75
201708	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	1
201708	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	10
201708	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	140
201708	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	6
201708	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2175
201708	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	30
201708	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	2
201708	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	5
201708	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	14

201708	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4
201708	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	65
201708	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	67
201708	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201708	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	9
201708	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	20
201708	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	9
201708	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	46112
201708	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1893
201708	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	126
201708	CLOS	591	CHILD PLACED BACK IN HOME	2
201708	CLOS	591	CHILD PLACED BACK IN HOME	171
201708	CLOS	591	CHILD PLACED BACK IN HOME	10
201708	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	81
201708	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	3
201708	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	2
201708	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	65
201708	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201708	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201708	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201708	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	63
201708	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201708	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	8
201708	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201708	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	2
201708	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	11
201708	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201708	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	6
201708	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	2
201708	CLOS	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	1
201708	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	3
201708	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	2
201708	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	2
201708	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	5
201708	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	2
201708	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	13
201708	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	7
201708	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201708	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	5
201708	CLOS	868	INELIGIBLE IDENTITY THEFT	4
201708	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201708	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201708	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	6
201708	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	20
201708	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201708	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	3
201708	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	7
201708	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201708	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	15
201708	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201708	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	6
201708	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201708	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	8
201708	CLOS	980	RETURNED MAIL	1
201709	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	2
201709	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	3
201709	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201709	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	515382
201709	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	138
201709	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	21603
201709	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1860
201709	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	14052
201709	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	8
201709	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	69
201709	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201709	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	50914
201709	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	179
201709	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	16
201709	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6558
201709	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	217
201709	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	6
201709	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	3
201709	APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201709	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	3
201709	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	39
201709	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	7
201709	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	19
201709	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2
201709	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	280
201709	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	280
201709	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	49
201709	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	59343
201709	APPL	096	YOU HAVE REQUESTED A HEARING	7
201709	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	30
201709	APPL	099	THE ASSISTANCE GROUP HAS MOVED	2
201709	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201709	APPL	110	DECREASE/LOSS OF EARNED INCOME	289
201709	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	59
201709	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	2
201709	APPL	125	PROVISIONAL MEDICAID APPROVED	151
201709	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	9

201709	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	43
201709	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	4
201709	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6170
201709	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	63
201709	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	291
201709	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	63
201709	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	2
201709	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	128
201709	APPL	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201709	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	15
201709	APPL	170	YOU ARE NOT AGE 65 OR OLDER	65
201709	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	14
201709	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201709	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	1
201709	APPL	177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	1
201709	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1888
201709	APPL	179	FINANCIAL CONSENT WAS REVOKED	191
201709	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201709	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201709	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201709	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	9
201709	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201709	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	576
201709	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5146
201709	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	5
201709	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1009
201709	APPL	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201709	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	203
201709	APPL	201	NO CHILD SUPPORT DISREGARD	3
201709	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201709	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	8
201709	APPL	218	CHANGE IN FOOD STAMP BENEFITS	345
201709	APPL	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	4
201709	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	578
201709	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	6784
201709	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	30709
201709	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1245
201709	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	346
201709	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	59
201709	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201709	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201709	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	311
201709	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	14881
201709	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	10
201709	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	114
201709	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	59
201709	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1891
201709	APPL	257	RELOCATION ASSISTANCE APPROVED	1
201709	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201709	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	18
201709	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	56
201709	APPL	262	FAILURE TO MEET SHARE OF COST	5
201709	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	65
201709	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201709	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	8
201709	APPL	267	INELIGIBLE DUE TO INCARCERATION	4
201709	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	52
201709	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	41
201709	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	4
201709	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	8
201709	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201709	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	2
201709	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	9
201709	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201709	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201709	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	1
201709	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	47
201709	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	3
201709	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1410
201709	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	52
201709	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	32
201709	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	3
201709	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3172
201709	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201709	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	271
201709	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	14
201709	APPL	320	INCOME FROM RENTAL PROPERTY	2
201709	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	10
201709	APPL	336	REPAYMENT OF UPFRONT DIVERSION IS MORE THAN CASH ASSISTANCE	2
201709	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	9
201709	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	1744
201709	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	5
201709	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	5
201709	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1235
201709	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	38
201709	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	10
201709	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	421
201709	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	33
201709	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	96
201709	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	223
201709	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	53

201709	APPL	354	YOU DID NOT VERIFY DISABILITY	12
201709	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	26
201709	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	37
201709	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	9
201709	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	300
201709	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	9
201709	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3384
201709	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3249
201709	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	10
201709	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	76
201709	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	59
201709	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1153
201709	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	89
201709	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	4
201709	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	16
201709	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3846
201709	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	41
201709	APPL	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201709	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	14
201709	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	52815
201709	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	3913
201709	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	25
201709	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	878
201709	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201709	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	30
201709	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	235
201709	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	923
201709	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	138
201709	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	195
201709	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3225
201709	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	80
201709	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	48
201709	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	81
201709	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	2
201709	APPL	389	WITHDRAWN - NO NOTICE GENERATED	120
201709	APPL	391	NO APPROPRIATE PLACEMENT	70
201709	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	699
201709	APPL	403	CHILD AGE 19 OR OLDER	2
201709	APPL	404	CHILD AGE 21 OR OLDER	18
201709	APPL	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	1
201709	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	2
201709	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	50
201709	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	3
201709	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	11040
201709	APPL	410	CHILD HAS BEEN ADOPTED	2
201709	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	3
201709	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	2
201709	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	12
201709	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201709	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	27
201709	APPL	421	ELIGIBLE CHILD HAS TURNED 18	21
201709	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	2
201709	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	16
201709	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	6
201709	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201709	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	1
201709	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	83
201709	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1775
201709	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8
201709	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	181
201709	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	36
201709	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	26
201709	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	4
201709	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201709	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	4
201709	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	10
201709	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201709	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	1
201709	APPL	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	1
201709	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201709	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	3
201709	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	110
201709	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	789
201709	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	98
201709	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	1
201709	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7014
201709	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1834
201709	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	619
201709	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	12426
201709	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	3088
201709	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	7
201709	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201709	APPL	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201709	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1494
201709	APPL	491	RECEIPT OF EARNED INCOME	1176
201709	APPL	492	UNEARNED INCOME HAS INCREASED	1558
201709	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	41
201709	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	106
201709	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	23
201709	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201709	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	48

201709	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	48
201709	APPL	499	RECEIPT OF VETERANS BENEFITS	1
201709	APPL	500	INCREASE IN VETERANS BENEFITS	1
201709	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201709	APPL	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	1
201709	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	40
201709	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	37
201709	APPL	512	ACCOUNT TRANSFER TO FHK	27
201709	APPL	514	ACCOUNT TRANSFER TO FFM	53216
201709	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	22224
201709	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	250
201709	APPL	521	REOPENED CASE CLOSED IN ERROR	2
201709	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	80
201709	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	30
201709	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	82
201709	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	26349
201709	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	10
201709	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	37078
201709	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	10
201709	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	205
201709	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	4
201709	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	199
201709	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201709	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	6
201709	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	744
201709	APPL	591	CHILD PLACED BACK IN HOME	6
201709	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	16
201709	APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201709	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201709	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	30
201709	APPL	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201709	APPL	806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER	1
201709	APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201709	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201709	APPL	868	INELIGIBLE IDENTITY THEFT	1
201709	APPL	980	RETURNED MAIL	1
201709	CLOS	018	CHANGE IN FOOD STAMP BENEFITS	1
201709	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	9
201709	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	16
201709	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201709	CLOS	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	2
201709	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201709	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201709	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1
201709	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201709	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	11
201709	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	17
201709	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	1
201709	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	3
201709	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201709	CLOS	057	RELOCATION ASSISTANCE APPROVED	1
201709	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201709	CLOS	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	1
201709	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	1
201709	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	13
201709	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	17
201709	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201709	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	2
201709	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	24
201709	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201709	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201709	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201709	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	18
201709	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	17
201709	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	24
201709	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	6
201709	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	60
201709	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201709	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201709	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201709	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201709	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	496
201709	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	31
201709	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	83
201709	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201709	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	7
201709	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	5
201709	CLOS	110	DECREASE/LOSS OF EARNED INCOME	117
201709	CLOS	110	DECREASE/LOSS OF EARNED INCOME	26
201709	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201709	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	14
201709	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	4
201709	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201709	CLOS	142	MEDICAL SERVICES SHOULD BE BILLED UNDER SSI #	1
201709	CLOS	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	1
201709	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201709	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	4
201709	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201709	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201709	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	2
201709	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	11

201709	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201709	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201709	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201709	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	280
201709	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	326
201709	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	45
201709	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	6
201709	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	5
201709	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201709	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	6
201709	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	66
201709	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201709	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2
201709	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	331
201709	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	23
201709	CLOS	179	FINANCIAL CONSENT WAS REVOKED	3
201709	CLOS	179	FINANCIAL CONSENT WAS REVOKED	64
201709	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	9
201709	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201709	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	1
201709	CLOS	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201709	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	4
201709	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201709	CLOS	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201709	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	66
201709	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	395
201709	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	41
201709	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	81
201709	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	2619
201709	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3105
201709	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	19
201709	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201709	CLOS	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201709	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	24
201709	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	150
201709	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	1
201709	CLOS	201	NO CHILD SUPPORT DISREGARD	1
201709	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	3
201709	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	20
201709	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	2
201709	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	2
201709	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	8
201709	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	785
201709	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	28143
201709	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	25
201709	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1
201709	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1299
201709	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	13
201709	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	590
201709	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5355
201709	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	35
201709	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	31
201709	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	8
201709	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201709	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	218
201709	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	99
201709	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	3
201709	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	9
201709	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	5
201709	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201709	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201709	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	3
201709	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	3790
201709	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	74
201709	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	1
201709	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	44
201709	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	786
201709	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	37796
201709	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	84
201709	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201709	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201709	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201709	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1197
201709	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	363
201709	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	17
201709	CLOS	257	RELOCATION ASSISTANCE APPROVED	1
201709	CLOS	257	RELOCATION ASSISTANCE APPROVED	2
201709	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201709	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201709	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	16
201709	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	50
201709	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	28
201709	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201709	CLOS	267	INELIGIBLE DUE TO INCARCERATION	15
201709	CLOS	267	INELIGIBLE DUE TO INCARCERATION	121
201709	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	47
201709	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	75
201709	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	15
201709	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	5
201709	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1
201709	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	177

201709	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201709	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	1
201709	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	5
201709	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	4
201709	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	64
201709	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	188
201709	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	3
201709	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	12
201709	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	43
201709	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4
201709	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	5
201709	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201709	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	5
201709	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	8
201709	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	694
201709	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	774
201709	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	63
201709	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1
201709	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	2
201709	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	29
201709	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	70
201709	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	14
201709	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	8
201709	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	17
201709	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201709	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201709	CLOS	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201709	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201709	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	39
201709	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	64
201709	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	30
201709	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	5
201709	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	13
201709	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4066
201709	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2247
201709	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	169
201709	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	1
201709	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	32
201709	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2976
201709	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	22
201709	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	7
201709	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	1
201709	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	5
201709	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	57
201709	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	492
201709	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	729
201709	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	19
201709	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	27
201709	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	2
201709	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	15
201709	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	202
201709	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	3
201709	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	31
201709	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	4
201709	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	44
201709	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201709	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201709	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	21
201709	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	97
201709	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	89
201709	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	82
201709	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	18
201709	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	1
201709	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	15
201709	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	111
201709	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	7155
201709	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	930
201709	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	41
201709	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201709	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	3
201709	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	227
201709	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	280
201709	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	21
201709	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	2
201709	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	32
201709	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	104
201709	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201709	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201709	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	5
201709	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	32
201709	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	40
201709	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	29
201709	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	5
201709	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	14
201709	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	149
201709	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	7
201709	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	481
201709	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	6
201709	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	11
201709	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3483
201709	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	982

201709	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	244
201709	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	32
201709	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	27
201709	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	359
201709	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	6
201709	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	1
201709	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	1
201709	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	178
201709	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8389
201709	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	6748
201709	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	157
201709	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	104
201709	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	10
201709	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	7
201709	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	91
201709	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	221
201709	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	116
201709	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	45
201709	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	1
201709	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	5
201709	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	856
201709	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	19
201709	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	55
201709	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	9
201709	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	8
201709	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	138
201709	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	37
201709	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	6
201709	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	3
201709	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	54
201709	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	135
201709	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	4501
201709	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	389
201709	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	11
201709	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	29
201709	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	214
201709	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2179
201709	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2193
201709	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	405
201709	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	78
201709	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	56
201709	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	568
201709	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	292
201709	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	47
201709	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	3
201709	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	24
201709	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	174
201709	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	4
201709	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	63
201709	CLOS	391	NO APPROPRIATE PLACEMENT	1
201709	CLOS	391	NO APPROPRIATE PLACEMENT	3
201709	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	2
201709	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	187
201709	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	105
201709	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201709	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	4
201709	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	80
201709	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201709	CLOS	403	CHILD AGE 19 OR OLDER	338
201709	CLOS	403	CHILD AGE 19 OR OLDER	3
201709	CLOS	403	CHILD AGE 19 OR OLDER	67
201709	CLOS	404	CHILD AGE 21 OR OLDER	640
201709	CLOS	404	CHILD AGE 21 OR OLDER	8
201709	CLOS	404	CHILD AGE 21 OR OLDER	48
201709	CLOS	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	2
201709	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201709	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201709	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	31
201709	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	20
201709	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	10
201709	CLOS	410	CHILD HAS BEEN ADOPTED	11
201709	CLOS	410	CHILD HAS BEEN ADOPTED	18
201709	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201709	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	91
201709	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	4
201709	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	3
201709	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	7
201709	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	33
201709	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	1
201709	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	134
201709	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	4
201709	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	15
201709	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	127
201709	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	1
201709	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	55
201709	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201709	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	344
201709	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	2
201709	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	23
201709	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	4
201709	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	17

201709	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	574
201709	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	126
201709	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1
201709	CLOS	434	RESERVED	21
201709	CLOS	435	RESERVED	16
201709	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	1
201709	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	10
201709	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	1
201709	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	4
201709	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	2
201709	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	2
201709	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201709	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201709	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201709	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS	1
201709	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	3
201709	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	10
201709	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	96
201709	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201709	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	21
201709	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	1
201709	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	2
201709	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	21
201709	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	2
201709	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	35
201709	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	3
201709	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	11
201709	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	11
201709	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	2
201709	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	24
201709	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	8
201709	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5511
201709	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1398
201709	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	475
201709	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1
201709	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	842
201709	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	85
201709	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	2840
201709	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	390
201709	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	404
201709	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	15
201709	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201709	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	9
201709	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201709	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201709	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	27
201709	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	130
201709	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	28
201709	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	478
201709	CLOS	491	RECEIPT OF EARNED INCOME	257
201709	CLOS	491	RECEIPT OF EARNED INCOME	43
201709	CLOS	491	RECEIPT OF EARNED INCOME	515
201709	CLOS	492	UNEARNED INCOME HAS INCREASED	81
201709	CLOS	492	UNEARNED INCOME HAS INCREASED	3
201709	CLOS	492	UNEARNED INCOME HAS INCREASED	136
201709	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	4
201709	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201709	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	72
201709	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	37
201709	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	38
201709	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201709	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	10
201709	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	5
201709	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	19
201709	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	47
201709	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	3
201709	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201709	CLOS	501	INCOME OF BROTHER OR SISTER	2
201709	CLOS	501	INCOME OF BROTHER OR SISTER	47
201709	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	14
201709	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201709	CLOS	503	DEEMED INCOME FROM A SPONSOR	1
201709	CLOS	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201709	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201709	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1
201709	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	6
201709	CLOS	512	ACCOUNT TRANSFER TO FHK	5
201709	CLOS	512	ACCOUNT TRANSFER TO FHK	2
201709	CLOS	514	ACCOUNT TRANSFER TO FFM	130
201709	CLOS	514	ACCOUNT TRANSFER TO FFM	3
201709	CLOS	514	ACCOUNT TRANSFER TO FFM	416
201709	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	177
201709	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	9
201709	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	22
201709	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	2211
201709	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	59
201709	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	34927
201709	CLOS	521	REOPENED CASE CLOSED IN ERROR	7
201709	CLOS	521	REOPENED CASE CLOSED IN ERROR	8
201709	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201709	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3

201709	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	3
201709	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201709	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	65
201709	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	3
201709	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	3171
201709	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	76
201709	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	2
201709	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	13
201709	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	118
201709	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	9
201709	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3482
201709	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	32
201709	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	6
201709	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	787
201709	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	99
201709	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7001
201709	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	70
201709	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	1672
201709	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	16
201709	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	104
201709	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	7
201709	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201709	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	33
201709	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	54
201709	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	2
201709	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	19
201709	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	4
201709	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	17
201709	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201709	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201709	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201709	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	81
201709	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1207
201709	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	8554
201709	CLOS	591	CHILD PLACED BACK IN HOME	8
201709	CLOS	591	CHILD PLACED BACK IN HOME	126
201709	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	2
201709	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201709	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	56
201709	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	2
201709	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	2
201709	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	9
201709	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	7
201709	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	5
201709	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	28
201709	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	4
201709	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	10
201709	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	3
201709	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	1
201709	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201709	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201709	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201709	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201709	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201709	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	1
201709	CLOS	838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	1
201709	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	5
201709	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	1
201709	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	4
201709	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	14
201709	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201709	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	1
201709	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	15
201709	CLOS	886	You under-reported the income of a household member.	1
201709	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201709	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201709	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201709	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	6
201709	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201709	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201709	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	10
201709	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201709	CLOS	987	INTERCEPTION AS A RESULT OF EBT	1
201710	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	1
201710	APPL	021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201710	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	571511
201710	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	181
201710	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	17750
201710	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1969
201710	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	14337
201710	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	15
201710	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	48
201710	APPL	048	ALL ASSISTANCE GROUP MEMBERS RECEIVE TEMPORARY CASH ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI)	1
201710	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201710	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	59720
201710	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	166
201710	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	12
201710	APPL	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	1
201710	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6106
201710	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	311
201710	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	6

201710	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	9
201710	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	9
201710	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	74
201710	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	14
201710	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	13
201710	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201710	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	321
201710	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	361
201710	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	67
201710	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	69991
201710	APPL	096	YOU HAVE REQUESTED A HEARING	6
201710	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	4
201710	APPL	099	THE ASSISTANCE GROUP HAS MOVED	7
201710	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201710	APPL	110	DECREASE/LOSS OF EARNED INCOME	416
201710	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	90
201710	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201710	APPL	125	PROVISIONAL MEDICAID APPROVED	151
201710	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	24
201710	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	30
201710	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	17
201710	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6503
201710	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	87
201710	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	365
201710	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	68
201710	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201710	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201710	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	154
201710	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	33
201710	APPL	170	YOU ARE NOT AGE 65 OR OLDER	95
201710	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	11
201710	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201710	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	2
201710	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1820
201710	APPL	179	FINANCIAL CONSENT WAS REVOKED	245
201710	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201710	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	8
201710	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	771
201710	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6157
201710	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	2
201710	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1049
201710	APPL	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201710	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201710	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	248
201710	APPL	201	NO CHILD SUPPORT DISREGARD	1
201710	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	6
201710	APPL	218	CHANGE IN FOOD STAMP BENEFITS	194
201710	APPL	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	2
201710	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	612
201710	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	8642
201710	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	37018
201710	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1725
201710	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	416
201710	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	61
201710	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201710	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	273
201710	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	16065
201710	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	3
201710	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	116
201710	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	31
201710	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1829
201710	APPL	257	RELOCATION ASSISTANCE APPROVED	4
201710	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201710	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	65
201710	APPL	262	FAILURE TO MEET SHARE OF COST	5
201710	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	85
201710	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	3
201710	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	14
201710	APPL	267	INELIGIBLE DUE TO INCARCERATION	6
201710	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	13
201710	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	53
201710	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201710	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201710	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	4
201710	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	103
201710	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	8
201710	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1599
201710	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	63
201710	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1783
201710	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2
201710	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3734
201710	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	5
201710	APPL	302	INELIGIBILITY CONTINUES DUE TO IMPROPER TRANSFER OF ASSETS	1
201710	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	235
201710	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	23
201710	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	5
201710	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	12
201710	APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201710	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2050
201710	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201710	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	5

201710 APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1354
201710 APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	37
201710 APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	5
201710 APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	423
201710 APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	25
201710 APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	50
201710 APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	182
201710 APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	45
201710 APPL	354	YOU DID NOT VERIFY DISABILITY	12
201710 APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	19
201710 APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	67
201710 APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	4
201710 APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	268
201710 APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	7
201710 APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3335
201710 APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4233
201710 APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	2
201710 APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	38
201710 APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	59
201710 APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1215
201710 APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	62
201710 APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201710 APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	19
201710 APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3755
201710 APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	50
201710 APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	14
201710 APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	63225
201710 APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4594
201710 APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	23
201710 APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	833
201710 APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201710 APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	39
201710 APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	234
201710 APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	856
201710 APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	137
201710 APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	227
201710 APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	49854
201710 APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	78
201710 APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	78
201710 APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	101
201710 APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	1
201710 APPL	389	WITHDRAWN - NO NOTICE GENERATED	155
201710 APPL	390	FAILED DUE TO EMPLOYMENT HOURS	2
201710 APPL	391	NO APPROPRIATE PLACEMENT	36
201710 APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	752
201710 APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	4
201710 APPL	403	CHILD AGE 19 OR OLDER	3
201710 APPL	404	CHILD AGE 21 OR OLDER	19
201710 APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	49
201710 APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	6
201710 APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	6726
201710 APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201710 APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201710 APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	12
201710 APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201710 APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	19
201710 APPL	421	ELIGIBLE CHILD HAS TURNED 18	6
201710 APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	5
201710 APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	16
201710 APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	10
201710 APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201710 APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	2
201710 APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	110
201710 APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1875
201710 APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	3
201710 APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	9
201710 APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	176
201710 APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	49
201710 APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	22
201710 APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	3
201710 APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	2
201710 APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	7
201710 APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	4
201710 APPL	451	YOU NO LONGER NEED CANCER TREATMENT	3
201710 APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	4
201710 APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	54
201710 APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	423
201710 APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	90
201710 APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	8118
201710 APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1955
201710 APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	615
201710 APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	13368
201710 APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5049
201710 APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201710 APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	11
201710 APPL	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	4
201710 APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201710 APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1320
201710 APPL	491	RECEIPT OF EARNED INCOME	1869
201710 APPL	492	UNEARNED INCOME HAS INCREASED	2147
201710 APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	58

201710	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	157
201710	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	37
201710	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	90
201710	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	96
201710	APPL	500	INCREASE IN VETERANS BENEFITS	1
201710	APPL	501	INCOME OF BROTHER OR SISTER	2
201710	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201710	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201710	APPL	505	DEEMED INCOME OF A SPOUSE	1
201710	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	35
201710	APPL	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	2
201710	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	34
201710	APPL	512	ACCOUNT TRANSFER TO FHK	17
201710	APPL	514	ACCOUNT TRANSFER TO FFM	58996
201710	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	24547
201710	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	339
201710	APPL	521	REOPENED CASE CLOSED IN ERROR	53
201710	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	163
201710	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	46
201710	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	72
201710	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	60588
201710	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	19
201710	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	37442
201710	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	17
201710	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	225
201710	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	123
201710	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201710	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	772
201710	APPL	591	CHILD PLACED BACK IN HOME	2
201710	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	18
201710	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201710	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	17
201710	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	2
201710	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201710	APPL	855	WE DID NOT ACCURATELY BUDGET YOUR EXPENSE	1
201710	APPL	902	REPLACEMENT OF FOOD STAMPS DUE TO HURRICANE IRMA	2
201710	APPL	903	REPLACEMENT OR SUPPLEMENT FA BENEFTIS DUE TO HURRICANE IRMA	1
201710	APPL	937	INCREASED BENEFIT DUE TO SHELTER COSTS	1
201710	APPL	948	EMERGENCY FOOD STAMPS DUE TO NATURAL DISASTER	44
201710	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201710	CLOS	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201710	CLOS	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201710	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	28
201710	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	20
201710	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201710	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1
201710	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	3
201710	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	3
201710	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	6
201710	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201710	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1
201710	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201710	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201710	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	16
201710	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	42
201710	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	5
201710	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201710	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9
201710	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201710	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	8
201710	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201710	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	1
201710	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	16
201710	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	10
201710	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201710	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	1
201710	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	32
201710	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	6
201710	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	3
201710	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	34
201710	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	3
201710	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	21
201710	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	37
201710	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	47
201710	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	11
201710	CLOS	096	YOU HAVE REQUESTED A HEARING	1
201710	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	3
201710	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201710	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201710	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	79
201710	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	428
201710	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	18
201710	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	7
201710	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	7
201710	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201710	CLOS	110	DECREASE/LOSS OF EARNED INCOME	9
201710	CLOS	110	DECREASE/LOSS OF EARNED INCOME	149
201710	CLOS	110	DECREASE/LOSS OF EARNED INCOME	37
201710	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201710	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	6
201710	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	4

201710	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201710	CLOS	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	1
201710	CLOS	141	MEDICAL SERVICES SHOULD BE BILLED UNDER PIN #	1
201710	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201710	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201710	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	9
201710	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201710	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201710	CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201710	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	3
201710	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	29
201710	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201710	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201710	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	742
201710	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	313
201710	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	24
201710	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	10
201710	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	7
201710	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	1
201710	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	82
201710	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	11
201710	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201710	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201710	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	3
201710	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201710	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	20
201710	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	335
201710	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1
201710	CLOS	179	FINANCIAL CONSENT WAS REVOKED	88
201710	CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201710	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201710	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201710	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201710	CLOS	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201710	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201710	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201710	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	460
201710	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	101
201710	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	49
201710	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	94
201710	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3647
201710	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3820
201710	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201710	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201710	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	46
201710	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	2
201710	CLOS	191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	2
201710	CLOS	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201710	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	22
201710	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	117
201710	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	10
201710	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	6
201710	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201710	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	6
201710	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	941
201710	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	33306
201710	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	26
201710	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1697
201710	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	23
201710	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	741
201710	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6365
201710	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	34
201710	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	69
201710	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	10
201710	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201710	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	136
201710	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	324
201710	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	1
201710	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	17
201710	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201710	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	8
201710	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	6
201710	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	6
201710	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	9223
201710	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	187
201710	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	2
201710	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	56
201710	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	798
201710	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	50511
201710	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	257
201710	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	3
201710	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	2
201710	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201710	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201710	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201710	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201710	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201710	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1576
201710	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	405
201710	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	58
201710	CLOS	257	RELOCATION ASSISTANCE APPROVED	6

201710	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE 2
201710	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 2
201710	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 5
201710	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 22
201710	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 77
201710	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 2
201710	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST 1
201710	CLOS	267	INELIGIBLE DUE TO INCARCERATION 128
201710	CLOS	267	INELIGIBLE DUE TO INCARCERATION 9
201710	CLOS	267	INELIGIBLE DUE TO INCARCERATION 1
201710	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 56
201710	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 55
201710	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 7
201710	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 17
201710	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 229
201710	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS 11
201710	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 3
201710	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 82
201710	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS 215
201710	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 3
201710	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME 7
201710	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY 53
201710	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 16
201710	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 6
201710	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED 1
201710	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED 1
201710	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 1
201710	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 4
201710	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 2
201710	CLOS	285	HURRICANE KATRINA EVACUEE 3
201710	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 1845
201710	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 6
201710	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 56
201710	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 821
201710	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 5
201710	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS 1
201710	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS 1
201710	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 24
201710	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 49
201710	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 1
201710	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 21
201710	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 3
201710	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 24
201710	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 15
201710	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 1
201710	CLOS	337	UPFRONT DIVERSION HAS BEEN DENIED 2
201710	CLOS	338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION 1
201710	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 52
201710	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 77
201710	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 41
201710	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 2
201710	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 8
201710	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 10
201710	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 4928
201710	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 2458
201710	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 134
201710	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 5
201710	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 46
201710	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 3262
201710	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 42
201710	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 23
201710	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 1
201710	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 17
201710	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 52
201710	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 629
201710	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 647
201710	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 43
201710	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 2
201710	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 3
201710	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 35
201710	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 14
201710	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 175
201710	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 23
201710	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 5
201710	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 40
201710	CLOS	354	YOU DID NOT VERIFY DISABILITY 1
201710	CLOS	354	YOU DID NOT VERIFY DISABILITY 1
201710	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 9
201710	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 2
201710	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 32
201710	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 132
201710	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 19
201710	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 92
201710	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 7
201710	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 1
201710	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 137
201710	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 6391
201710	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 54
201710	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 1488
201710	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 2
201710	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 363

201710	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 378
201710	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 34
201710	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 2
201710	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 42
201710	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 101
201710	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 4
201710	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 1
201710	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 1
201710	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 5
201710	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 29
201710	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 27
201710	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 19
201710	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 3
201710	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 3
201710	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 11
201710	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 177
201710	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 18
201710	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 7
201710	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 1
201710	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 2
201710	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 536
201710	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 4154
201710	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 8
201710	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 333
201710	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 61
201710	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 1375
201710	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 480
201710	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 5
201710	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 37
201710	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 10
201710	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 8464
201710	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 14044
201710	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 138
201710	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 4
201710	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 107
201710	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 183
201710	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 233
201710	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 101
201710	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 20
201710	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 1
201710	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 59
201710	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 152
201710	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201710	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201710	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201710	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 13
201710	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 88
201710	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 957
201710	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 9
201710	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 6
201710	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 30
201710	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 2
201710	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 181
201710	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 127
201710	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 7
201710	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 38
201710	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 403
201710	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 9
201710	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 5332
201710	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 2798
201710	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 26
201710	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 289
201710	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 229
201710	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 42
201710	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 2124
201710	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 733
201710	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 7
201710	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 68
201710	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 196
201710	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 4
201710	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 1006
201710	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 5
201710	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 171
201710	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 5
201710	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 139
201710	CLOS	391	NO APPROPRIATE PLACEMENT 7
201710	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT 1
201710	CLOS	393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT 1
201710	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT 1
201710	CLOS	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT 1
201710	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 2
201710	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 311
201710	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 166
201710	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT 4
201710	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 77
201710	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 8
201710	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED 1
201710	CLOS	403	CHILD AGE 19 OR OLDER 42
201710	CLOS	403	CHILD AGE 19 OR OLDER 139
201710	CLOS	403	CHILD AGE 19 OR OLDER 1
201710	CLOS	404	CHILD AGE 21 OR OLDER 7

201710	CLOS	404	CHILD AGE 21 OR OLDER 53
201710	CLOS	404	CHILD AGE 21 OR OLDER 767
201710	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 1
201710	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 1
201710	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 1
201710	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 17
201710	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 29
201710	CLOS	410	CHILD HAS BEEN ADOPTED 34
201710	CLOS	410	CHILD HAS BEEN ADOPTED 8
201710	CLOS	410	CHILD HAS BEEN ADOPTED 2
201710	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED 3
201710	CLOS	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT 1
201710	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 1
201710	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 125
201710	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 1
201710	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 11
201710	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 5
201710	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 195
201710	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 39
201710	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 1
201710	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 9
201710	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 5
201710	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 8
201710	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 20
201710	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 1
201710	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 2
201710	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 499
201710	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 1
201710	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 24
201710	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 4
201710	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 3
201710	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 39
201710	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 134
201710	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 23
201710	CLOS	434	RESERVED 1
201710	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201710	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201710	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 3
201710	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 8
201710	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME 1
201710	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 1
201710	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 3
201710	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 2
201710	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 3
201710	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 1
201710	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 2
201710	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 3
201710	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 3
201710	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 5
201710	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 141
201710	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 6
201710	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 11
201710	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 2
201710	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 3
201710	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 21
201710	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 4
201710	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 58
201710	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 12
201710	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 28
201710	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 22
201710	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 15
201710	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 44
201710	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 15
201710	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 2
201710	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 9913
201710	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 2279
201710	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 4
201710	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 902
201710	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 5013
201710	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 1129
201710	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 138
201710	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 17
201710	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 498
201710	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 429
201710	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY 6
201710	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 14
201710	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 12
201710	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 43
201710	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 1
201710	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 26
201710	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 189
201710	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 774
201710	CLOS	491	RECEIPT OF EARNED INCOME 387
201710	CLOS	491	RECEIPT OF EARNED INCOME 780
201710	CLOS	491	RECEIPT OF EARNED INCOME 45
201710	CLOS	492	UNEARNED INCOME HAS INCREASED 12
201710	CLOS	492	UNEARNED INCOME HAS INCREASED 147
201710	CLOS	492	UNEARNED INCOME HAS INCREASED 220
201710	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 3
201710	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 3
201710	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1

201710	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 16
201710	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 105
201710	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 89
201710	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 1
201710	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 31
201710	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 2
201710	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 7
201710	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 25
201710	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 1
201710	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 49
201710	CLOS	499	RECEIPT OF VETERANS BENEFITS 2
201710	CLOS	500	INCREASE IN VETERANS BENEFITS 1
201710	CLOS	501	INCOME OF BROTHER OR SISTER 65
201710	CLOS	501	INCOME OF BROTHER OR SISTER 2
201710	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 1
201710	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 17
201710	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 5
201710	CLOS	503	DEEMED INCOME FROM A SPONSOR 2
201710	CLOS	505	DEEMED INCOME OF A SPOUSE 1
201710	CLOS	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY 1
201710	CLOS	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY 1
201710	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED 2
201710	CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY 2
201710	CLOS	509	STEP PARENT INCOME 1
201710	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 5
201710	CLOS	512	ACCOUNT TRANSFER TO FHK 2
201710	CLOS	514	ACCOUNT TRANSFER TO FFM 592
201710	CLOS	514	ACCOUNT TRANSFER TO FFM 1
201710	CLOS	514	ACCOUNT TRANSFER TO FFM 154
201710	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 11
201710	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 188
201710	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 44702
201710	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 894
201710	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 40
201710	CLOS	521	REOPENED CASE CLOSED IN ERROR 4
201710	CLOS	521	REOPENED CASE CLOSED IN ERROR 3
201710	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 3
201710	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201710	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201710	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 11521
201710	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 52
201710	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 7
201710	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 14
201710	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 77
201710	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 11365
201710	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 229
201710	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 24
201710	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 2
201710	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 1
201710	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 40
201710	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 12032
201710	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 1009
201710	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 101
201710	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 8
201710	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 114
201710	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 1719
201710	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 88
201710	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 7
201710	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 4
201710	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 4
201710	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 24
201710	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 56
201710	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 33
201710	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 14
201710	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 13
201710	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 91
201710	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 4
201710	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 7
201710	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 724
201710	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 49
201710	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 55996
201710	CLOS	591	CHILD PLACED BACK IN HOME 28
201710	CLOS	591	CHILD PLACED BACK IN HOME 3
201710	CLOS	591	CHILD PLACED BACK IN HOME 144
201710	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO 1
201710	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 67
201710	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 3
201710	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY 1
201710	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 124
201710	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 1
201710	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 1
201710	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME 1
201710	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME 8
201710	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY 52
201710	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY 1
201710	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA 1
201710	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA 1
201710	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 1
201710	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 16
201710	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 1
201710	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME 5

201710	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201710	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201710	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201710	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201710	CLOS	841	YOU DID NOT REPORT OTHER NON-EARNED INCOME RECEIVED BY A HOUSEHOLD MEMBER	1
201710	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	1
201710	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	15
201710	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201710	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201710	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	1
201710	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201710	CLOS	868	INELIGIBLE IDENTITY THEFT	6
201710	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201710	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201710	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201710	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	4
201710	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	7
201710	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201710	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	3
201710	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201710	CLOS	948	EMERGENCY FOOD STAMPS DUE TO NATURAL DISASTER	1
201710	CLOS	948	EMERGENCY FOOD STAMPS DUE TO NATURAL DISASTER	3
201710	CLOS	964	RELOCATION ASSISTANCE --- EXCESS OVER $2997	1
201710	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	11
201710	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	6
201710	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	4
201710	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	4
201710	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201710	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201710	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201710	CLOS	987	INTERCEPTION AS A RESULT OF EBT	2
201711	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201711	APPL	025	APPROVED FOR EMERGENCY BENEFITS FOR HURRICANE KATRINA EVACUEES	1
201711	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201711	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	567511
201711	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	121
201711	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	12982
201711	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2204
201711	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	13660
201711	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	16
201711	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	52
201711	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	5
201711	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	62522
201711	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	174
201711	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	15
201711	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6276
201711	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	342
201711	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	11
201711	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	4
201711	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	9
201711	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	50
201711	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	8
201711	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	26
201711	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201711	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	281
201711	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	303
201711	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	55
201711	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	77059
201711	APPL	096	YOU HAVE REQUESTED A HEARING	5
201711	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	2
201711	APPL	099	THE ASSISTANCE GROUP HAS MOVED	12
201711	APPL	110	DECREASE/LOSS OF EARNED INCOME	470
201711	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	103
201711	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201711	APPL	125	PROVISIONAL MEDICAID APPROVED	207
201711	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	26
201711	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	24
201711	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	19
201711	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6634
201711	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	53
201711	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	312
201711	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	62
201711	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	2
201711	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	4
201711	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	137
201711	APPL	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201711	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	42
201711	APPL	170	YOU ARE NOT AGE 65 OR OLDER	127
201711	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	20
201711	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	11
201711	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201711	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2317
201711	APPL	179	FINANCIAL CONSENT WAS REVOKED	278
201711	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201711	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201711	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201711	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	4
201711	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	735
201711	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5410
201711	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	2
201711	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1069

201711 APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	318
201711 APPL	201	NO CHILD SUPPORT DISREGARD	4
201711 APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	5
201711 APPL	218	CHANGE IN FOOD STAMP BENEFITS	166
201711 APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	569
201711 APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5833
201711 APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	36101
201711 APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1600
201711 APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	305
201711 APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	76
201711 APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	276
201711 APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	15772
201711 APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	14
201711 APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	180
201711 APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	21
201711 APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1823
201711 APPL	257	RELOCATION ASSISTANCE APPROVED	4
201711 APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	10
201711 APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	66
201711 APPL	262	FAILURE TO MEET SHARE OF COST	4
201711 APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	121
201711 APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201711 APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	22
201711 APPL	267	INELIGIBLE DUE TO INCARCERATION	5
201711 APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	87
201711 APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	35
201711 APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	3
201711 APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201711 APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201711 APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	7
201711 APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	1
201711 APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	87
201711 APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	4
201711 APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1542
201711 APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	38
201711 APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1300
201711 APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4135
201711 APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201711 APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	233
201711 APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	24
201711 APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	9
201711 APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	13
201711 APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201711 APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2696
201711 APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	7
201711 APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	3
201711 APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1230
201711 APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	52
201711 APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	6
201711 APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	350
201711 APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	32
201711 APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	75
201711 APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	197
201711 APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	25
201711 APPL	354	YOU DID NOT VERIFY DISABILITY	15
201711 APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	26
201711 APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	109
201711 APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	4
201711 APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	349
201711 APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201711 APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3546
201711 APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4308
201711 APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	7
201711 APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	38
201711 APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	47
201711 APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1294
201711 APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	77
201711 APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	12
201711 APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	20
201711 APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4036
201711 APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	52
201711 APPL	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201711 APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	20
201711 APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	66256
201711 APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4782
201711 APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	17
201711 APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	643
201711 APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201711 APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	29
201711 APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	235
201711 APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	471
201711 APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	81
201711 APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	235
201711 APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	12620
201711 APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	85
201711 APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	54
201711 APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	107
201711 APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	3
201711 APPL	389	WITHDRAWN - NO NOTICE GENERATED	139
201711 APPL	390	FAILED DUE TO EMPLOYMENT HOURS	4
201711 APPL	391	NO APPROPRIATE PLACEMENT	74

201711	APPL	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	1
201711	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	811
201711	APPL	403	CHILD AGE 19 OR OLDER	4
201711	APPL	404	CHILD AGE 21 OR OLDER	7
201711	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	4
201711	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	51
201711	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	8
201711	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	2910
201711	APPL	410	CHILD HAS BEEN ADOPTED	1
201711	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201711	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201711	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201711	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201711	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	7
201711	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201711	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	21
201711	APPL	421	ELIGIBLE CHILD HAS TURNED 18	10
201711	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201711	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	32
201711	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	14
201711	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	3
201711	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	7
201711	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	71
201711	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2053
201711	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	5
201711	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	4
201711	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	197
201711	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	36
201711	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	30
201711	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	8
201711	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	3
201711	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	10
201711	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201711	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	3
201711	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	4
201711	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	69
201711	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	256
201711	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	120
201711	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	2
201711	APPL	461	CHILD(REN) ADDED AT ZERO BENEFIT	1
201711	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	6409
201711	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1419
201711	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	456
201711	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	12092
201711	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5218
201711	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201711	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	8
201711	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	8
201711	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1355
201711	APPL	491	RECEIPT OF EARNED INCOME	2066
201711	APPL	492	UNEARNED INCOME HAS INCREASED	3153
201711	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	188
201711	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	127
201711	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	41
201711	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	384
201711	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	102
201711	APPL	499	RECEIPT OF VETERANS BENEFITS	2
201711	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201711	APPL	505	DEEMED INCOME OF A SPOUSE	1
201711	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	52
201711	APPL	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	1
201711	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	36
201711	APPL	512	ACCOUNT TRANSFER TO FHK	21
201711	APPL	514	ACCOUNT TRANSFER TO FFM	61402
201711	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	26674
201711	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	339
201711	APPL	521	REOPENED CASE CLOSED IN ERROR	6
201711	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	132
201711	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	30
201711	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	73
201711	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	43922
201711	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	13
201711	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	36242
201711	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	8
201711	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	199
201711	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	3
201711	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	201
201711	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201711	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	777
201711	APPL	591	CHILD PLACED BACK IN HOME	5
201711	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	19
201711	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201711	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201711	APPL	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201711	APPL	807	YOU DID NOT REPORT CASH CONTRIBUTIONS RECEIVED BY A MEMBER	2
201711	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	2
201711	APPL	948	EMERGENCY FOOD STAMPS DUE TO NATURAL DISASTER	1
201711	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	20
201711	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	24
201711	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201711	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1

201711 CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	6
201711 CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	5
201711 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	6
201711 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	24
201711 CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9
201711 CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201711 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201711 CLOS	061	NEW OR INCREASED DEPENDENT CARE COSTS	1
201711 CLOS	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	2
201711 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	9
201711 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	1
201711 CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	1
201711 CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	5
201711 CLOS	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	3
201711 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	15
201711 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	1
201711 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	8
201711 CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201711 CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	23
201711 CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	29
201711 CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	13
201711 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	14
201711 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	57
201711 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	424
201711 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	28
201711 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	67
201711 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201711 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	12
201711 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	10
201711 CLOS	110	DECREASE/LOSS OF EARNED INCOME	103
201711 CLOS	110	DECREASE/LOSS OF EARNED INCOME	18
201711 CLOS	110	DECREASE/LOSS OF EARNED INCOME	1
201711 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201711 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	4
201711 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	9
201711 CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	2
201711 CLOS	141	MEDICAL SERVICES SHOULD BE BILLED UNDER PIN #	1
201711 CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201711 CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201711 CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	9
201711 CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	2
201711 CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	4
201711 CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	12
201711 CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201711 CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201711 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	706
201711 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	352
201711 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	38
201711 CLOS	170	YOU ARE NOT AGE 65 OR OLDER	9
201711 CLOS	170	YOU ARE NOT AGE 65 OR OLDER	3
201711 CLOS	170	YOU ARE NOT AGE 65 OR OLDER	2
201711 CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	60
201711 CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	10
201711 CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	7
201711 CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	5
201711 CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	297
201711 CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	22
201711 CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2
201711 CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201711 CLOS	179	FINANCIAL CONSENT WAS REVOKED	95
201711 CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201711 CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201711 CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	1
201711 CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201711 CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201711 CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201711 CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	73
201711 CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	431
201711 CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	26
201711 CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	102
201711 CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3428
201711 CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3285
201711 CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	19
201711 CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	2
201711 CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1
201711 CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201711 CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	26
201711 CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	139
201711 CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	2
201711 CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	20
201711 CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	4
201711 CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201711 CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	1
201711 CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	822
201711 CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	28159
201711 CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	27
201711 CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	2775
201711 CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	27
201711 CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	685
201711 CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7279
201711 CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	22

201711	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 1
201711	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 51
201711	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 13
201711	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 101
201711	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 311
201711	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 4
201711	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10 2
201711	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10 2
201711	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 3
201711	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 5
201711	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 1
201711	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 10
201711	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 2
201711	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 217
201711	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 160617
201711	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 6
201711	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 71
201711	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 38904
201711	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 634
201711	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A. 169
201711	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 2
201711	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 1
201711	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 1
201711	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 1
201711	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 1337
201711	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 325
201711	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 14
201711	CLOS	257	RELOCATION ASSISTANCE APPROVED 4
201711	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE 1
201711	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 2
201711	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 1
201711	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY 1
201711	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 15
201711	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 40
201711	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 3
201711	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST 1
201711	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS 5
201711	CLOS	267	INELIGIBLE DUE TO INCARCERATION 166
201711	CLOS	267	INELIGIBLE DUE TO INCARCERATION 12
201711	CLOS	267	INELIGIBLE DUE TO INCARCERATION 2
201711	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 1
201711	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 32
201711	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 62
201711	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 4
201711	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 18
201711	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 1
201711	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 1
201711	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 182
201711	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS 6
201711	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 3
201711	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 56
201711	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS 220
201711	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 4
201711	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 1
201711	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME 9
201711	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY 21
201711	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY 1
201711	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 5
201711	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 4
201711	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 1
201711	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED 2
201711	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED 2
201711	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 4
201711	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 1
201711	CLOS	285	HURRICANE KATRINA EVACUEE 1
201711	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 1295
201711	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 4
201711	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 84
201711	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 878
201711	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS 1
201711	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 59
201711	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 13
201711	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 3
201711	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 14
201711	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 21
201711	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 8
201711	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 13
201711	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 1
201711	CLOS	334	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH 1
201711	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH 3
201711	CLOS	341	PARENT NOT INCAPACITED ANYMORE 1
201711	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 93
201711	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 56
201711	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 29
201711	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS 1
201711	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 15
201711	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 4
201711	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 1
201711	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 118
201711	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 1884
201711	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 3579

201711	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 3507
201711	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 41
201711	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 2
201711	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 4
201711	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 18
201711	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 28
201711	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 443
201711	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 52
201711	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 8
201711	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 2
201711	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 37
201711	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 556
201711	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 14
201711	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 21
201711	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 2
201711	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 3
201711	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 19
201711	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 130
201711	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 27
201711	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 13
201711	CLOS	354	YOU DID NOT VERIFY DISABILITY 1
201711	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 39
201711	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 7
201711	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 58
201711	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 111
201711	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 18
201711	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 63
201711	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 8
201711	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 145
201711	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 6906
201711	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 1304
201711	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 69
201711	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 1
201711	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 4
201711	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 275
201711	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 254
201711	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 27
201711	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 1
201711	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 46
201711	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 92
201711	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 3
201711	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 1
201711	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 1
201711	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 22
201711	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 30
201711	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 3
201711	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 20
201711	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 9
201711	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 1
201711	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 86
201711	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 4
201711	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 1
201711	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 8
201711	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 2
201711	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 464
201711	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 4356
201711	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 7
201711	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 259
201711	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 50
201711	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 858
201711	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 413
201711	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 4
201711	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 33
201711	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES 1
201711	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 1
201711	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 8
201711	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 7976
201711	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 10933
201711	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 116
201711	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 2
201711	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 125
201711	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 197
201711	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 92
201711	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 72
201711	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 8
201711	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 3
201711	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 61
201711	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 87
201711	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 3
201711	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 840
201711	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 75
201711	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 10
201711	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 9
201711	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 6
201711	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 135
201711	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 36
201711	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 2
201711	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 7
201711	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 25
201711	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 115
201711	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 4793

201711	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 423
201711	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 6
201711	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 51
201711	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 319
201711	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 2835
201711	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 1634
201711	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 304
201711	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 46
201711	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 1
201711	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 32
201711	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 660
201711	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 1003
201711	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 172
201711	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 6
201711	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 64
201711	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 152
201711	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 97
201711	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS 1
201711	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS 1
201711	CLOS	391	NO APPROPRIATE PLACEMENT 3
201711	CLOS	391	NO APPROPRIATE PLACEMENT 1
201711	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT 2
201711	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT 1
201711	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 228
201711	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 128
201711	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 4
201711	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT 2
201711	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 2
201711	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 68
201711	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED 2
201711	CLOS	403	CHILD AGE 19 OR OLDER 70
201711	CLOS	403	CHILD AGE 19 OR OLDER 309
201711	CLOS	403	CHILD AGE 19 OR OLDER 5
201711	CLOS	404	CHILD AGE 21 OR OLDER 5
201711	CLOS	404	CHILD AGE 21 OR OLDER 41
201711	CLOS	404	CHILD AGE 21 OR OLDER 566
201711	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 2
201711	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 32
201711	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 10
201711	CLOS	410	CHILD HAS BEEN ADOPTED 2
201711	CLOS	410	CHILD HAS BEEN ADOPTED 27
201711	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED 1
201711	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 2
201711	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 89
201711	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 1
201711	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 2
201711	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 1
201711	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 8
201711	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 9
201711	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 52
201711	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 155
201711	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 1
201711	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 8
201711	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 15
201711	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 276
201711	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 5
201711	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 135
201711	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 2
201711	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 1
201711	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 25
201711	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 321
201711	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 14
201711	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 1
201711	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 239
201711	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 3
201711	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 1277
201711	CLOS	434	RESERVED 24
201711	CLOS	435	RESERVED 16
201711	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 3
201711	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 1
201711	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 5
201711	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 1
201711	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME 1
201711	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 14
201711	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 4
201711	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 1
201711	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 6
201711	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 1
201711	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 1
201711	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 6
201711	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 5
201711	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 94
201711	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 5
201711	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 16
201711	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 4
201711	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 1
201711	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 12
201711	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 2
201711	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 42
201711	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 10
201711	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 29

201711	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 21
201711	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 15
201711	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 52
201711	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 16
201711	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 4
201711	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 7234
201711	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 2001
201711	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 5
201711	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 899
201711	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 3653
201711	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 951
201711	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 88
201711	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 15
201711	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 417
201711	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 377
201711	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 18
201711	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 1
201711	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 32
201711	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 2
201711	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 513
201711	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 161
201711	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 17
201711	CLOS	491	RECEIPT OF EARNED INCOME 25
201711	CLOS	491	RECEIPT OF EARNED INCOME 791
201711	CLOS	491	RECEIPT OF EARNED INCOME 262
201711	CLOS	492	UNEARNED INCOME HAS INCREASED 128
201711	CLOS	492	UNEARNED INCOME HAS INCREASED 145
201711	CLOS	492	UNEARNED INCOME HAS INCREASED 22
201711	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 2
201711	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1
201711	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 67
201711	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 40
201711	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 5
201711	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 4
201711	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 1
201711	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 11
201711	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 10
201711	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 5
201711	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 1
201711	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 32
201711	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 13
201711	CLOS	500	INCREASE IN VETERANS BENEFITS 1
201711	CLOS	500	INCREASE IN VETERANS BENEFITS 1
201711	CLOS	501	INCOME OF BROTHER OR SISTER 61
201711	CLOS	501	INCOME OF BROTHER OR SISTER 5
201711	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 3
201711	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 20
201711	CLOS	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER 2
201711	CLOS	505	DEEMED INCOME OF A SPOUSE 1
201711	CLOS	505	DEEMED INCOME OF A SPOUSE 2
201711	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED 1
201711	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 1
201711	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 3
201711	CLOS	512	ACCOUNT TRANSFER TO FHK 1
201711	CLOS	514	ACCOUNT TRANSFER TO FFM 460
201711	CLOS	514	ACCOUNT TRANSFER TO FFM 133
201711	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 14
201711	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 4
201711	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 164
201711	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 44878
201711	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 36
201711	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 661
201711	CLOS	521	REOPENED CASE CLOSED IN ERROR 2
201711	CLOS	521	REOPENED CASE CLOSED IN ERROR 8
201711	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 3
201711	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 1
201711	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 2
201711	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 4
201711	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 7568
201711	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 43
201711	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 12
201711	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 3
201711	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 33
201711	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 6299
201711	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 34
201711	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 188
201711	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 3
201711	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 1
201711	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 36
201711	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 7533
201711	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 101
201711	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 827
201711	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 137
201711	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 1319
201711	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 97
201711	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 14
201711	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 23
201711	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 51
201711	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 7
201711	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 12
201711	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 2

201711 CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	45
201711 CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201711 CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201711 CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	52
201711 CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	630
201711 CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	33507
201711 CLOS	591	CHILD PLACED BACK IN HOME	10
201711 CLOS	591	CHILD PLACED BACK IN HOME	89
201711 CLOS	591	CHILD PLACED BACK IN HOME	6
201711 CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201711 CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	42
201711 CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201711 CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201711 CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	54
201711 CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	3
201711 CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	3
201711 CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	36
201711 CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201711 CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201711 CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	5
201711 CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201711 CLOS	811	YOU DID NOT REPORT INCOME FROM SCHOLARSHIPS, LOANS OR GRANTS	1
201711 CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	3
201711 CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201711 CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	2
201711 CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	3
201711 CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	1
201711 CLOS	838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	1
201711 CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	30
201711 CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	5
201711 CLOS	868	INELIGIBLE IDENTITY THEFT	1
201711 CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201711 CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201711 CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	8
201711 CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	4
201711 CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201711 CLOS	902	REPLACEMENT OF FOOD STAMPS DUE TO HURRICANE IRMA	1
201711 CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201711 CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	13
201711 CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201711 CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201711 CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	8
201711 CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	8
201712 APPL	018	CHANGE IN FOOD STAMP BENEFITS	1
201712 APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	3
201712 APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201712 APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	712745
201712 APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	159
201712 APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	16605
201712 APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2548
201712 APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	18704
201712 APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	30
201712 APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	52
201712 APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	3
201712 APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	78784
201712 APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	134
201712 APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	4
201712 APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7794
201712 APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	436
201712 APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	15
201712 APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	8
201712 APPL	064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	1
201712 APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201712 APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	7
201712 APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	113
201712 APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	11
201712 APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	19
201712 APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	7
201712 APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	313
201712 APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	369
201712 APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	64
201712 APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	86655
201712 APPL	096	YOU HAVE REQUESTED A HEARING	9
201712 APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	3
201712 APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201712 APPL	099	THE ASSISTANCE GROUP HAS MOVED	3
201712 APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201712 APPL	110	DECREASE/LOSS OF EARNED INCOME	503
201712 APPL	111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201712 APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	124
201712 APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201712 APPL	125	PROVISIONAL MEDICAID APPROVED	187
201712 APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	30
201712 APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	34
201712 APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	17
201712 APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8072
201712 APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	82
201712 APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	362
201712 APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	64
201712 APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201712 APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	2

201712	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	155
201712	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	29
201712	APPL	170	YOU ARE NOT AGE 65 OR OLDER	182
201712	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	23
201712	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	3
201712	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201712	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	4916
201712	APPL	179	FINANCIAL CONSENT WAS REVOKED	330
201712	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201712	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201712	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	7
201712	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201712	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	797
201712	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6510
201712	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	2
201712	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	991
201712	APPL	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201712	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201712	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	348
201712	APPL	201	NO CHILD SUPPORT DISREGARD	1
201712	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	2
201712	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	10
201712	APPL	218	CHANGE IN FOOD STAMP BENEFITS	148
201712	APPL	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	2
201712	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	686
201712	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5907
201712	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	42350
201712	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1771
201712	APPL	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201712	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	314
201712	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	64
201712	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201712	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	895
201712	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	18809
201712	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	4
201712	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201712	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	281
201712	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	58
201712	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2686
201712	APPL	257	RELOCATION ASSISTANCE APPROVED	7
201712	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	3
201712	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201712	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	77
201712	APPL	262	FAILURE TO MEET SHARE OF COST	6
201712	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	122
201712	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	4
201712	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	11
201712	APPL	267	INELIGIBLE DUE TO INCARCERATION	11
201712	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	113
201712	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	47
201712	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201712	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	8
201712	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201712	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	3
201712	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	11
201712	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201712	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	4
201712	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	81
201712	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	7
201712	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1554
201712	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	43
201712	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1251
201712	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201712	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4927
201712	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	8
201712	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	280
201712	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	17
201712	APPL	305	MEDICAID QUALIFYING TRUST EXCEEDS ASSET LIMIT	1
201712	APPL	306	FAILED TO MEET FTP ASSET LIMIT	1
201712	APPL	323	LUMP SUM INELIGIBILITY PERIOD CONTINUES	1
201712	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	24
201712	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	15
201712	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	3332
201712	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	4
201712	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	9
201712	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1451
201712	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	47
201712	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	13
201712	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	479
201712	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	28
201712	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	39
201712	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	248
201712	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	29
201712	APPL	354	YOU DID NOT VERIFY DISABILITY	34
201712	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	29
201712	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	123
201712	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	7
201712	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	289
201712	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201712	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3616
201712	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5742

201712 APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	30
201712 APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	65
201712 APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	98
201712 APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1927
201712 APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	181
201712 APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201712 APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	27
201712 APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4791
201712 APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	52
201712 APPL	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201712 APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	15
201712 APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	81719
201712 APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	6030
201712 APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	17
201712 APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	681
201712 APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201712 APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	30
201712 APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	211
201712 APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	368
201712 APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	124
201712 APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	288
201712 APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	4322
201712 APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	134
201712 APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	41
201712 APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	143
201712 APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	6
201712 APPL	389	WITHDRAWN - NO NOTICE GENERATED	167
201712 APPL	390	FAILED DUE TO EMPLOYMENT HOURS	2
201712 APPL	391	NO APPROPRIATE PLACEMENT	57
201712 APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	1047
201712 APPL	403	CHILD AGE 19 OR OLDER	3
201712 APPL	404	CHILD AGE 21 OR OLDER	18
201712 APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201712 APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	35
201712 APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	3
201712 APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	2545
201712 APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	2
201712 APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201712 APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201712 APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	8
201712 APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	12
201712 APPL	421	ELIGIBLE CHILD HAS TURNED 18	17
201712 APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	4
201712 APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	42
201712 APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	17
201712 APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	7
201712 APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	5
201712 APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	91
201712 APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2157
201712 APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201712 APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	7
201712 APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	216
201712 APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	47
201712 APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	38
201712 APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	4
201712 APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201712 APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	7
201712 APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	24
201712 APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201712 APPL	451	YOU NO LONGER NEED CANCER TREATMENT	2
201712 APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201712 APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201712 APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	138
201712 APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	261
201712 APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	163
201712 APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5247
201712 APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1222
201712 APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	384
201712 APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	15773
201712 APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5923
201712 APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201712 APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	5
201712 APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	15
201712 APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1808
201712 APPL	491	RECEIPT OF EARNED INCOME	2214
201712 APPL	492	UNEARNED INCOME HAS INCREASED	6756
201712 APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	705
201712 APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	204
201712 APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	40
201712 APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201712 APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	797
201712 APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	184
201712 APPL	499	RECEIPT OF VETERANS BENEFITS	1
201712 APPL	500	INCREASE IN VETERANS BENEFITS	2
201712 APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	24
201712 APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	36
201712 APPL	512	ACCOUNT TRANSFER TO FHK	43
201712 APPL	514	ACCOUNT TRANSFER TO FFM	76536
201712 APPL	515	ACCOUNT TRANSFER TO FFM/FHK	33379
201712 APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	412
201712 APPL	521	REOPENED CASE CLOSED IN ERROR	8

201712 APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	117
201712 APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	60
201712 APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	87
201712 APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	34261
201712 APPL	527	CONTINUATION OF POST PARTUM MEDICAID	33
201712 APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	47108
201712 APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	12
201712 APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	293
201712 APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	2
201712 APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	232
201712 APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	3
201712 APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201712 APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	990
201712 APPL	591	CHILD PLACED BACK IN HOME	2
201712 APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	24
201712 APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201712 APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201712 APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201712 APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201712 APPL	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201712 APPL	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201712 APPL	838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	1
201712 APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	2
201712 APPL	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201712 APPL	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201712 APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	4
201712 APPL	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201712 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	21
201712 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	29
201712 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201712 CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201712 CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201712 CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	3
201712 CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	5
201712 CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1
201712 CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	5
201712 CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201712 CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201712 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	10
201712 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	46
201712 CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	2
201712 CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7
201712 CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201712 CLOS	057	RELOCATION ASSISTANCE APPROVED	3
201712 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201712 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201712 CLOS	061	NEW OR INCREASED DEPENDENT CARE COSTS	1
201712 CLOS	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201712 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	23
201712 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	12
201712 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	2
201712 CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201712 CLOS	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	4
201712 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	23
201712 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201712 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	5
201712 CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	2
201712 CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	14
201712 CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	30
201712 CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	28
201712 CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	1
201712 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201712 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	7
201712 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	59
201712 CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201712 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	27
201712 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	513
201712 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	124
201712 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201712 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	23
201712 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201712 CLOS	110	DECREASE/LOSS OF EARNED INCOME	24
201712 CLOS	110	DECREASE/LOSS OF EARNED INCOME	111
201712 CLOS	110	DECREASE/LOSS OF EARNED INCOME	2
201712 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	11
201712 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201712 CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201712 CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201712 CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201712 CLOS	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	1
201712 CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	8
201712 CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	5
201712 CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201712 CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201712 CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	1
201712 CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	25
201712 CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201712 CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	8
201712 CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	3
201712 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	53
201712 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	383

201712	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	565
201712	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201712	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	14
201712	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	12
201712	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	1
201712	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	18
201712	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	100
201712	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	4
201712	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201712	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201712	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201712	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	367
201712	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	25
201712	CLOS	179	FINANCIAL CONSENT WAS REVOKED	3
201712	CLOS	179	FINANCIAL CONSENT WAS REVOKED	141
201712	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201712	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	12
201712	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201712	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201712	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201712	CLOS	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201712	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	521
201712	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	103
201712	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	47
201712	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	129
201712	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4164
201712	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4290
201712	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201712	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	3
201712	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	16
201712	CLOS	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201712	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	22
201712	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	184
201712	CLOS	201	NO CHILD SUPPORT DISREGARD	1
201712	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201712	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	17
201712	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	14
201712	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	2
201712	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	10
201712	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1080
201712	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	39923
201712	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	37
201712	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1556
201712	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	20
201712	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	998
201712	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	8514
201712	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	58
201712	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201712	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	57
201712	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	15
201712	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201712	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201712	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	210
201712	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	76
201712	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	4
201712	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	8
201712	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	8
201712	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201712	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	4
201712	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	12
201712	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	150406
201712	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	259
201712	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	8
201712	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	100
201712	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	1037
201712	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	55715
201712	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	115
201712	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201712	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201712	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201712	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	440
201712	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2045
201712	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	33
201712	CLOS	257	RELOCATION ASSISTANCE APPROVED	5
201712	CLOS	257	RELOCATION ASSISTANCE APPROVED	1
201712	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201712	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201712	CLOS	259	REPAYMENT OF RELOCATION BENEFIT IS MORE THAN TEMPORARY CASH	1
201712	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	2
201712	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201712	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201712	CLOS	262	FAILURE TO MEET SHARE OF COST	3
201712	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	70
201712	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	35
201712	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	11
201712	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	2
201712	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	2
201712	CLOS	267	INELIGIBLE DUE TO INCARCERATION	14
201712	CLOS	267	INELIGIBLE DUE TO INCARCERATION	140
201712	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	127
201712	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	49

201712	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 2
201712	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 3
201712	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 18
201712	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 8
201712	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 249
201712	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS 29
201712	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 57
201712	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS 505
201712	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 4
201712	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 4
201712	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 1
201712	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME 10
201712	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY 84
201712	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 2
201712	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 10
201712	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED 1
201712	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 3
201712	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 7
201712	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 1
201712	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS 1
201712	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS 1
201712	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS 1
201712	CLOS	285	HURRICANE KATRINA EVACUEE 3
201712	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 1643
201712	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 11
201712	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 2
201712	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 5
201712	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 71
201712	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 1214
201712	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 61
201712	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 30
201712	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 2
201712	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 14
201712	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 15
201712	CLOS	306	FAILED TO MEET FTP ASSET LIMIT 1
201712	CLOS	320	INCOME FROM RENTAL PROPERTY 1
201712	CLOS	320	INCOME FROM RENTAL PROPERTY 1
201712	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 8
201712	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 10
201712	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 3
201712	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH 1
201712	CLOS	341	PARENT NOT INCAPACITED ANYMORE 4
201712	CLOS	341	PARENT NOT INCAPACITED ANYMORE 2
201712	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 102
201712	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 57
201712	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 48
201712	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 1
201712	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 18
201712	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 17
201712	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 2446
201712	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 4700
201712	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 227
201712	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 3
201712	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 30
201712	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 1781
201712	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 43
201712	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 30
201712	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 2
201712	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 11
201712	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 72
201712	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 645
201712	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 941
201712	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 36
201712	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 3
201712	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 3
201712	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 17
201712	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 8
201712	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 124
201712	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 9
201712	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 68
201712	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 3
201712	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 4
201712	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 36
201712	CLOS	354	YOU DID NOT VERIFY DISABILITY 4
201712	CLOS	354	YOU DID NOT VERIFY DISABILITY 1
201712	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 1
201712	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 15
201712	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 41
201712	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 147
201712	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 108
201712	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 25
201712	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 1
201712	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 21
201712	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 178
201712	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 8288
201712	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 1315
201712	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 43
201712	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 1
201712	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 210
201712	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 19
201712	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 322

201712	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 46
201712	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 8
201712	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 133
201712	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 1
201712	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 7
201712	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 4
201712	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 14
201712	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 37
201712	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 19
201712	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 1
201712	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 23
201712	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 180
201712	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 4
201712	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 5
201712	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 4
201712	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 3
201712	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 427
201712	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 2017
201712	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 8
201712	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 232
201712	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 41
201712	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 1042
201712	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 514
201712	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 13
201712	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 48
201712	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 4
201712	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 1
201712	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 11
201712	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 9638
201712	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 171
201712	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 7822
201712	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 134
201712	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 2
201712	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 233
201712	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 112
201712	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 2
201712	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 50
201712	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 51
201712	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 4
201712	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 116
201712	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201712	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 975
201712	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 16
201712	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 77
201712	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 4
201712	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 1
201712	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 9
201712	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 178
201712	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 2
201712	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 55
201712	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 69
201712	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 4
201712	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 219
201712	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 5077
201712	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 19
201712	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 412
201712	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 433
201712	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 71
201712	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 4168
201712	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 2947
201712	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 63
201712	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 522
201712	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 46
201712	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 6
201712	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 693
201712	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 982
201712	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 11
201712	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 101
201712	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 40
201712	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 248
201712	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 96
201712	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 2
201712	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS 2
201712	CLOS	391	NO APPROPRIATE PLACEMENT 9
201712	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 214
201712	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 108
201712	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 3
201712	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 102
201712	CLOS	403	CHILD AGE 19 OR OLDER 89
201712	CLOS	403	CHILD AGE 19 OR OLDER 453
201712	CLOS	403	CHILD AGE 19 OR OLDER 7
201712	CLOS	404	CHILD AGE 21 OR OLDER 10
201712	CLOS	404	CHILD AGE 21 OR OLDER 58
201712	CLOS	404	CHILD AGE 21 OR OLDER 902
201712	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 2
201712	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 1
201712	CLOS	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE 1
201712	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 16
201712	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 1
201712	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 21
201712	CLOS	410	CHILD HAS BEEN ADOPTED 33

201712	CLOS	410	CHILD HAS BEEN ADOPTED 25
201712	CLOS	410	CHILD HAS BEEN ADOPTED 13
201712	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL 1
201712	CLOS	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT 1
201712	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 1
201712	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 114
201712	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 1
201712	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 2
201712	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 3
201712	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 5
201712	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 54
201712	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 3
201712	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 239
201712	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 2
201712	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 3
201712	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 14
201712	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 6
201712	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 97
201712	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 161
201712	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 2
201712	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 1
201712	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 3
201712	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 489
201712	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 39
201712	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 3
201712	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 1
201712	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 2
201712	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 14
201712	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 890
201712	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 151
201712	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 3
201712	CLOS	434	RESERVED 1
201712	CLOS	435	RESERVED 1
201712	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 2
201712	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201712	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201712	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 4
201712	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 3
201712	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 12
201712	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 7
201712	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 2
201712	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 2
201712	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 3
201712	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 3
201712	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 1
201712	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201712	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201712	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201712	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS 1
201712	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 4
201712	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 61
201712	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 4
201712	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 27
201712	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 10
201712	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 5
201712	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 16
201712	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 23
201712	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 34
201712	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 11
201712	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 20
201712	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 53
201712	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 24
201712	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 4672
201712	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 11
201712	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1
201712	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1022
201712	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 497
201712	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 3489
201712	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 1110
201712	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 122
201712	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 32
201712	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 516
201712	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 481
201712	CLOS	473	THE 1/3 EARNED INCOME DISREGARD HAS EXPIRED 1
201712	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES 1
201712	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY 3
201712	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 14
201712	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 1
201712	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 10
201712	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 3
201712	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 56
201712	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 152
201712	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 11
201712	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 470
201712	CLOS	491	RECEIPT OF EARNED INCOME 363
201712	CLOS	491	RECEIPT OF EARNED INCOME 44
201712	CLOS	491	RECEIPT OF EARNED INCOME 816
201712	CLOS	492	UNEARNED INCOME HAS INCREASED 217
201712	CLOS	492	UNEARNED INCOME HAS INCREASED 13
201712	CLOS	492	UNEARNED INCOME HAS INCREASED 174
201712	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1

201712	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1
201712	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 75
201712	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 15
201712	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 86
201712	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 3
201712	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 209
201712	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 5
201712	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 63
201712	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 20
201712	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 3
201712	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 54
201712	CLOS	500	INCREASE IN VETERANS BENEFITS 3
201712	CLOS	500	INCREASE IN VETERANS BENEFITS 4
201712	CLOS	501	INCOME OF BROTHER OR SISTER 57
201712	CLOS	501	INCOME OF BROTHER OR SISTER 5
201712	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 2
201712	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 22
201712	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 6
201712	CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY 1
201712	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 2
201712	CLOS	512	ACCOUNT TRANSFER TO FHK 4
201712	CLOS	512	ACCOUNT TRANSFER TO FHK 1
201712	CLOS	514	ACCOUNT TRANSFER TO FFM 168
201712	CLOS	514	ACCOUNT TRANSFER TO FFM 5
201712	CLOS	514	ACCOUNT TRANSFER TO FFM 607
201712	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 190
201712	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 6
201712	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 28
201712	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 2179
201712	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 138
201712	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 57121
201712	CLOS	521	REOPENED CASE CLOSED IN ERROR 19
201712	CLOS	521	REOPENED CASE CLOSED IN ERROR 1
201712	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 2
201712	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 2
201712	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201712	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201712	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 17
201712	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 113
201712	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 8622
201712	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 38
201712	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 16
201712	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 1
201712	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 5
201712	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 156
201712	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 4409
201712	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 46
201712	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 7
201712	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 1620
201712	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 121
201712	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 8977
201712	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 224
201712	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 4
201712	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 146
201712	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 20
201712	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 2894
201712	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 60
201712	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 2
201712	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 9
201712	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 108
201712	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 5
201712	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 1507
201712	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 59
201712	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 11
201712	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 2
201712	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 4
201712	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 47383
201712	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 4706
201712	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 191
201712	CLOS	591	CHILD PLACED BACK IN HOME 4
201712	CLOS	591	CHILD PLACED BACK IN HOME 187
201712	CLOS	591	CHILD PLACED BACK IN HOME 8
201712	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 62
201712	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 3
201712	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 1
201712	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 60
201712	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME 3
201712	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME 4
201712	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY 44
201712	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA 6
201712	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 9
201712	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME 13
201712	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER 2
201712	CLOS	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE 2
201712	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY 3
201712	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY 1
201712	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER 1
201712	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE 1
201712	CLOS	846	YOU DID NOT REPORT INCREASE IN NON-EARNED INCOME 1
201712	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21 16
201712	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21 18

201712	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201712	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201712	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	15
201712	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201712	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	6
201712	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201712	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	6
201712	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	9
201712	CLOS	925	FS ISSUANCE TO BATTERED SPOUSE OF PARTICIPATING AG	1
201712	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201712	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	17
201712	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201712	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201712	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201712	CLOS	977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	2
201712	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	9
201712	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201712	CLOS	984	CHILD REMOVED FROM HOME BY COURT ORDER	4
201801	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	2
201801	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	3
201801	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201801	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	851630
201801	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	215
201801	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	21216
201801	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2606
201801	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	21176
201801	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	24
201801	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	76
201801	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	5
201801	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	85160
201801	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	247
201801	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	16
201801	APPL	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	1
201801	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9523
201801	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	370
201801	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	11
201801	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201801	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	13
201801	APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201801	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	7
201801	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	38
201801	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	16
201801	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	27
201801	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	3
201801	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	297
201801	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	295
201801	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	60
201801	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	93082
201801	APPL	096	YOU HAVE REQUESTED A HEARING	5
201801	APPL	099	THE ASSISTANCE GROUP HAS MOVED	11
201801	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201801	APPL	110	DECREASE/LOSS OF EARNED INCOME	451
201801	APPL	111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	2
201801	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	110
201801	APPL	125	PROVISIONAL MEDICAID APPROVED	107
201801	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	80
201801	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	39
201801	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	29
201801	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	7798
201801	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	81
201801	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	618
201801	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	65
201801	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201801	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	249
201801	APPL	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201801	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	31
201801	APPL	170	YOU ARE NOT AGE 65 OR OLDER	111
201801	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	21
201801	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	6
201801	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	6
201801	APPL	177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	2
201801	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	4824
201801	APPL	179	FINANCIAL CONSENT WAS REVOKED	321
201801	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201801	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201801	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201801	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201801	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201801	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	1015
201801	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	7876
201801	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1094
201801	APPL	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	2
201801	APPL	191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	1
201801	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	2
201801	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	336
201801	APPL	201	NO CHILD SUPPORT DISREGARD	1
201801	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	2
201801	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	12
201801	APPL	218	CHANGE IN FOOD STAMP BENEFITS	124
201801	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	777
201801	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	6445

201801	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	49323
201801	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2057
201801	APPL	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201801	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	335
201801	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	98
201801	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	4
201801	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	1077
201801	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	20018
201801	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	8
201801	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	4
201801	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	212
201801	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	26
201801	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	3170
201801	APPL	257	RELOCATION ASSISTANCE APPROVED	5
201801	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201801	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	6
201801	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	62
201801	APPL	262	FAILURE TO MEET SHARE OF COST	4
201801	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	93
201801	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201801	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	10
201801	APPL	267	INELIGIBLE DUE TO INCARCERATION	5
201801	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	77
201801	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	52
201801	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	7
201801	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	10
201801	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	6
201801	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	17
201801	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	3
201801	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	4
201801	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	2
201801	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	102
201801	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	5
201801	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2261
201801	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	85
201801	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1320
201801	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201801	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	5256
201801	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201801	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	251
201801	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	31
201801	APPL	320	INCOME FROM RENTAL PROPERTY	1
201801	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	26
201801	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	11
201801	APPL	341	PARENT NOT INCAPACITED ANYMORE	3
201801	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2996
201801	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	3
201801	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	10
201801	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1786
201801	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	31
201801	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	19
201801	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	467
201801	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	39
201801	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	39
201801	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	258
201801	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	52
201801	APPL	354	YOU DID NOT VERIFY DISABILITY	29
201801	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	27
201801	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	96
201801	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	15
201801	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	324
201801	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	6
201801	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3373
201801	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5418
201801	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	24
201801	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	56
201801	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	99
201801	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1809
201801	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	178
201801	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	7
201801	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	18
201801	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	5478
201801	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	69
201801	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	31
201801	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	84521
201801	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	6193
201801	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	17
201801	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	900
201801	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	26
201801	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	169
201801	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	342
201801	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	110
201801	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	246
201801	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2955
201801	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	149
201801	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	88
201801	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	130
201801	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	4
201801	APPL	389	WITHDRAWN - NO NOTICE GENERATED	189
201801	APPL	390	FAILED DUE TO EMPLOYMENT HOURS	1
201801	APPL	391	NO APPROPRIATE PLACEMENT	64

201801 APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	1014
201801 APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201801 APPL	403	CHILD AGE 19 OR OLDER	3
201801 APPL	404	CHILD AGE 21 OR OLDER	9
201801 APPL	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	2
201801 APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	7
201801 APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	25
201801 APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	3
201801 APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1047
201801 APPL	410	CHILD HAS BEEN ADOPTED	2
201801 APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	3
201801 APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	4
201801 APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	15
201801 APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	16
201801 APPL	421	ELIGIBLE CHILD HAS TURNED 18	19
201801 APPL	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201801 APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	4
201801 APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	45
201801 APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	16
201801 APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	6
201801 APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	6
201801 APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	103
201801 APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2670
201801 APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	4
201801 APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	11
201801 APPL	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	2
201801 APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	306
201801 APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	57
201801 APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	41
201801 APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	5
201801 APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	3
201801 APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	10
201801 APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	15
201801 APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	6
201801 APPL	451	YOU NO LONGER NEED CANCER TREATMENT	5
201801 APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	3
201801 APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	123
201801 APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	256
201801 APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	122
201801 APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5790
201801 APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1332
201801 APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	434
201801 APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	19243
201801 APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	7819
201801 APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201801 APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	6
201801 APPL	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	3
201801 APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201801 APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	2082
201801 APPL	491	RECEIPT OF EARNED INCOME	2847
201801 APPL	492	UNEARNED INCOME HAS INCREASED	4309
201801 APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	215
201801 APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	216
201801 APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	54
201801 APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201801 APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	330
201801 APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	122
201801 APPL	499	RECEIPT OF VETERANS BENEFITS	3
201801 APPL	500	INCREASE IN VETERANS BENEFITS	3
201801 APPL	501	INCOME OF BROTHER OR SISTER	1
201801 APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	2
201801 APPL	505	DEEMED INCOME OF A SPOUSE	1
201801 APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	39
201801 APPL	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	2
201801 APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	39
201801 APPL	512	ACCOUNT TRANSFER TO FHK	29
201801 APPL	514	ACCOUNT TRANSFER TO FFM	77102
201801 APPL	515	ACCOUNT TRANSFER TO FFM/FHK	31153
201801 APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	833
201801 APPL	521	REOPENED CASE CLOSED IN ERROR	5
201801 APPL	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201801 APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	171
201801 APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	51
201801 APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	81
201801 APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	33223
201801 APPL	527	CONTINUATION OF POST PARTUM MEDICAID	21
201801 APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	54535
201801 APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	17
201801 APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	309
201801 APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201801 APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	220
201801 APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	4
201801 APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	8
201801 APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1201
201801 APPL	591	CHILD PLACED BACK IN HOME	3
201801 APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	26
201801 APPL	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	1
201801 APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201801 APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	2
201801 APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201801 APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	7

201801	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201801	APPL	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201801	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	2
201801	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	2
201801	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201801	APPL	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201801	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	5
201801	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	14
201801	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	7
201801	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201801	CLOS	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	1
201801	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201801	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	4
201801	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201801	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	2
201801	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201801	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201801	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201801	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	13
201801	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201801	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	31
201801	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	14
201801	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6
201801	CLOS	057	RELOCATION ASSISTANCE APPROVED	1
201801	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201801	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	60
201801	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	10
201801	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	2
201801	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	5
201801	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	25
201801	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201801	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	1
201801	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201801	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201801	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	16
201801	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	7
201801	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	22
201801	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	6
201801	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	36
201801	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201801	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	5
201801	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201801	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	43
201801	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	462
201801	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	105
201801	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201801	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	5
201801	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	5
201801	CLOS	110	DECREASE/LOSS OF EARNED INCOME	22
201801	CLOS	110	DECREASE/LOSS OF EARNED INCOME	81
201801	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	5
201801	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	2
201801	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201801	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	5
201801	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	5
201801	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	3
201801	CLOS	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201801	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	11
201801	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	1
201801	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201801	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	354
201801	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	44
201801	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	638
201801	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	3
201801	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	6
201801	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	5
201801	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2
201801	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	1
201801	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	96
201801	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201801	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201801	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	435
201801	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2
201801	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	24
201801	CLOS	179	FINANCIAL CONSENT WAS REVOKED	111
201801	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201801	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	8
201801	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	2
201801	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201801	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201801	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	435
201801	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	40
201801	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	66
201801	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3051
201801	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	126
201801	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3227
201801	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1
201801	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	19
201801	CLOS	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201801	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	14
201801	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	2

201801 CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	174
201801 CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	31
201801 CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	3
201801 CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	4
201801 CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	2
201801 CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1223
201801 CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	36
201801 CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	34469
201801 CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1230
201801 CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	16
201801 CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	888
201801 CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	40
201801 CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7927
201801 CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	47
201801 CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201801 CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	15
201801 CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	92
201801 CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	2
201801 CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	189
201801 CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	4
201801 CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	5
201801 CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201801 CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201801 CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	10
201801 CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	348584
201801 CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	348
201801 CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	12
201801 CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	69
201801 CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	932
201801 CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	43500
201801 CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	81
201801 CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201801 CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	26
201801 CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201801 CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201801 CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	409
201801 CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	35
201801 CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1624
201801 CLOS	257	RELOCATION ASSISTANCE APPROVED	5
201801 CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201801 CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201801 CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	2
201801 CLOS	262	FAILURE TO MEET SHARE OF COST	1
201801 CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	38
201801 CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	51
201801 CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	20
201801 CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201801 CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201801 CLOS	267	INELIGIBLE DUE TO INCARCERATION	78
201801 CLOS	267	INELIGIBLE DUE TO INCARCERATION	6
201801 CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	40
201801 CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	47
201801 CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	8
201801 CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	19
201801 CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201801 CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	224
201801 CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	6
201801 CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	7
201801 CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	32
201801 CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	337
201801 CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	3
201801 CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201801 CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	12
201801 CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	73
201801 CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	3
201801 CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	8
201801 CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	4
201801 CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201801 CLOS	285	HURRICANE KATRINA EVACUEE	2
201801 CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1402
201801 CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201801 CLOS	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201801 CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1054
201801 CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	60
201801 CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	6
201801 CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201801 CLOS	302	INELIGIBILITY CONTINUES DUE TO IMPROPER TRANSFER OF ASSETS	1
201801 CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	37
201801 CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	6
201801 CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	56
201801 CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	21
201801 CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	3
201801 CLOS	319	WITHDRAWN - MCI LINK ERROR	1
201801 CLOS	320	INCOME FROM RENTAL PROPERTY	1
201801 CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	2
201801 CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	13
201801 CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201801 CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201801 CLOS	341	PARENT NOT INCAPACITED ANYMORE	3
201801 CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201801 CLOS	342	PARENT DID NOT PROVE INCAPACITY	1

201801	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 33
201801	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 69
201801	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 31
201801	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS 2
201801	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 38
201801	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 25
201801	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 1997
201801	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 154
201801	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 3936
201801	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 5019
201801	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 16
201801	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 13
201801	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 39
201801	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 491
201801	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 74
201801	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 1
201801	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 3
201801	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 36
201801	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 720
201801	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 7
201801	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 14
201801	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 5
201801	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 6
201801	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 26
201801	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 113
201801	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 68
201801	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 8
201801	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 1
201801	CLOS	354	YOU DID NOT VERIFY DISABILITY 2
201801	CLOS	354	YOU DID NOT VERIFY DISABILITY 1
201801	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 22
201801	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 13
201801	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 88
201801	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 16
201801	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 120
201801	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 162
201801	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 3
201801	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 20
201801	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 1261
201801	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 55
201801	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 9188
201801	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 4
201801	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 2
201801	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 334
201801	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 35
201801	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 252
201801	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 91
201801	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 2
201801	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 54
201801	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 4
201801	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 3
201801	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 6
201801	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 13
201801	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 97
201801	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 74
201801	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 3
201801	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 1
201801	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 16
201801	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 124
201801	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 16
201801	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 5
201801	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 3
201801	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 13
201801	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 306
201801	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 6519
201801	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 17
201801	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 1
201801	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 34
201801	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 242
201801	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 1098
201801	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 415
201801	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 32
201801	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES 1
201801	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 8
201801	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 7813
201801	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 8577
201801	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 137
201801	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 10
201801	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 97
201801	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 181
201801	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 130
201801	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 60
201801	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 7
201801	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 3
201801	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 56
201801	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 118
201801	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201801	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201801	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 91
201801	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 12
201801	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 838

201801	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 10
201801	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 4
201801	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 48
201801	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 2
201801	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 165
201801	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 231
201801	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 3
201801	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 92
201801	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 488
201801	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 10
201801	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 5800
201801	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 4305
201801	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 32
201801	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 450
201801	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 675
201801	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 37
201801	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 2612
201801	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 638
201801	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 5
201801	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 65
201801	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 122
201801	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 17
201801	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 1098
201801	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 5
201801	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 158
201801	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 3
201801	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 75
201801	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS 1
201801	CLOS	391	NO APPROPRIATE PLACEMENT 10
201801	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT 2
201801	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT 1
201801	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 249
201801	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 119
201801	CLOS	397	NON TITLE IV-E CHILD PLACED IN FLORIDA BY ANOTHER STATE 1
201801	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 5
201801	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 89
201801	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED 1
201801	CLOS	403	CHILD AGE 19 OR OLDER 90
201801	CLOS	403	CHILD AGE 19 OR OLDER 338
201801	CLOS	403	CHILD AGE 19 OR OLDER 3
201801	CLOS	404	CHILD AGE 21 OR OLDER 3
201801	CLOS	404	CHILD AGE 21 OR OLDER 67
201801	CLOS	404	CHILD AGE 21 OR OLDER 792
201801	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 2
201801	CLOS	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE 1
201801	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 33
201801	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 1
201801	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 26
201801	CLOS	410	CHILD HAS BEEN ADOPTED 17
201801	CLOS	410	CHILD HAS BEEN ADOPTED 23
201801	CLOS	410	CHILD HAS BEEN ADOPTED 11
201801	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL 1
201801	CLOS	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT 1
201801	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 1
201801	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 92
201801	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 5
201801	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 4
201801	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 2
201801	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 1
201801	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 2
201801	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 215
201801	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 50
201801	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 8
201801	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 1
201801	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 2
201801	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 6
201801	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 7
201801	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 97
201801	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 151
201801	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 2
201801	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 2
201801	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 474
201801	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 2
201801	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 25
201801	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 3
201801	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 20
201801	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 743
201801	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 136
201801	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 1
201801	CLOS	434	RESERVED 2
201801	CLOS	435	RESERVED 3
201801	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 2
201801	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 7
201801	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 1
201801	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 5
201801	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 3
201801	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 1
201801	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 1
201801	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 5
201801	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 1
201801	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 4

201801 CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201801 CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201801 CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	5
201801 CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	5
201801 CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	105
201801 CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	10
201801 CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	32
201801 CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	5
201801 CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201801 CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	79
201801 CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	9
201801 CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	30
201801 CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	2
201801 CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	19
201801 CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	16
201801 CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	8
201801 CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	61
201801 CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	8
201801 CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5566
201801 CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1178
201801 CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1
201801 CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1
201801 CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	535
201801 CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3871
201801 CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	1260
201801 CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	109
201801 CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	17
201801 CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	374
201801 CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	400
201801 CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201801 CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	3
201801 CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6
201801 CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201801 CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201801 CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	47
201801 CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	185
201801 CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	44
201801 CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	555
201801 CLOS	491	RECEIPT OF EARNED INCOME	261
201801 CLOS	491	RECEIPT OF EARNED INCOME	26
201801 CLOS	491	RECEIPT OF EARNED INCOME	534
201801 CLOS	492	UNEARNED INCOME HAS INCREASED	145
201801 CLOS	492	UNEARNED INCOME HAS INCREASED	12
201801 CLOS	492	UNEARNED INCOME HAS INCREASED	187
201801 CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	4
201801 CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201801 CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	7
201801 CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	63
201801 CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	10
201801 CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	89
201801 CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	2
201801 CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	475
201801 CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	2
201801 CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	48
201801 CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	12
201801 CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	4
201801 CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	50
201801 CLOS	499	RECEIPT OF VETERANS BENEFITS	2
201801 CLOS	499	RECEIPT OF VETERANS BENEFITS	2
201801 CLOS	500	INCREASE IN VETERANS BENEFITS	2
201801 CLOS	501	INCOME OF BROTHER OR SISTER	32
201801 CLOS	501	INCOME OF BROTHER OR SISTER	7
201801 CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	6
201801 CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	17
201801 CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201801 CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	1
201801 CLOS	512	ACCOUNT TRANSFER TO FHK	5
201801 CLOS	512	ACCOUNT TRANSFER TO FHK	2
201801 CLOS	514	ACCOUNT TRANSFER TO FFM	495
201801 CLOS	514	ACCOUNT TRANSFER TO FFM	187
201801 CLOS	514	ACCOUNT TRANSFER TO FFM	12
201801 CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	7
201801 CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	24
201801 CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	251
201801 CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	52655
201801 CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	1501
201801 CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	114
201801 CLOS	521	REOPENED CASE CLOSED IN ERROR	5
201801 CLOS	521	REOPENED CASE CLOSED IN ERROR	7
201801 CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201801 CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201801 CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201801 CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201801 CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	3
201801 CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7089
201801 CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	2
201801 CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	56
201801 CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	19
201801 CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	1
201801 CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	53
201801 CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	4373

201801	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	14
201801	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	114
201801	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	5
201801	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	33
201801	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	10591
201801	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	1598
201801	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	152
201801	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	1
201801	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	3
201801	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	364
201801	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2145
201801	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	141
201801	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	10
201801	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	13
201801	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	103
201801	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	120
201801	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	27
201801	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	5
201801	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	2
201801	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	58
201801	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201801	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201801	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1395
201801	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	59
201801	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	39368
201801	CLOS	591	CHILD PLACED BACK IN HOME	7
201801	CLOS	591	CHILD PLACED BACK IN HOME	7
201801	CLOS	591	CHILD PLACED BACK IN HOME	178
201801	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201801	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	39
201801	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	2
201801	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	62
201801	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	3
201801	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	6
201801	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	29
201801	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	7
201801	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201801	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	6
201801	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201801	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	1
201801	CLOS	808	YOU DID NOT REPORT INTEREST INCOME RECEIVED BY A MEMBER	1
201801	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	1
201801	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	11
201801	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	2
201801	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201801	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201801	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	1
201801	CLOS	838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	1
201801	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	3
201801	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	20
201801	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	14
201801	CLOS	854	WE ISSUED AN AUXILLARY PAYMENT IN ERROR	1
201801	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201801	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201801	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201801	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	6
201801	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201801	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	11
201801	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201801	CLOS	942	RESTORATION BENEFIT DUE TO HEARING DECISION (NO OFFSET)	1
201801	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	9
201801	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201801	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201801	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201801	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	3
201801	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201801	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	9
201802	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201802	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	1
201802	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	2
201802	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	786533
201802	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	263
201802	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	23684
201802	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2507
201802	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	21549
201802	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	20
201802	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	61
201802	APPL	048	ALL ASSISTANCE GROUP MEMBERS RECEIVE TEMPORARY CASH ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI)	1
201802	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	4
201802	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	81851
201802	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	211
201802	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	16
201802	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	8845
201802	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	273
201802	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	9
201802	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	8
201802	APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201802	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	3
201802	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201802	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	106
201802	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	51

201802	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	28
201802	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2
201802	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	264
201802	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	278
201802	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	93
201802	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	90299
201802	APPL	096	YOU HAVE REQUESTED A HEARING	10
201802	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201802	APPL	099	THE ASSISTANCE GROUP HAS MOVED	4
201802	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	5
201802	APPL	110	DECREASE/LOSS OF EARNED INCOME	379
201802	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	94
201802	APPL	125	PROVISIONAL MEDICAID APPROVED	84
201802	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	49
201802	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	58
201802	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	25
201802	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8037
201802	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	85
201802	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	433
201802	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	58
201802	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201802	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201802	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	212
201802	APPL	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201802	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	28
201802	APPL	170	YOU ARE NOT AGE 65 OR OLDER	112
201802	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	23
201802	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201802	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	4
201802	APPL	177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	2
201802	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2543
201802	APPL	179	FINANCIAL CONSENT WAS REVOKED	259
201802	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201802	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	939
201802	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	7120
201802	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1119
201802	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	341
201802	APPL	201	NO CHILD SUPPORT DISREGARD	3
201802	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	15
201802	APPL	218	CHANGE IN FOOD STAMP BENEFITS	53
201802	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	795
201802	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	6674
201802	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	46505
201802	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1980
201802	APPL	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201802	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	375
201802	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	93
201802	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201802	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201802	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	263
201802	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	18200
201802	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	3
201802	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201802	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	141
201802	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	32
201802	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2571
201802	APPL	257	RELOCATION ASSISTANCE APPROVED	4
201802	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	7
201802	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	50
201802	APPL	262	FAILURE TO MEET SHARE OF COST	3
201802	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	139
201802	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	3
201802	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	12
201802	APPL	267	INELIGIBLE DUE TO INCARCERATION	13
201802	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	71
201802	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	51
201802	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	3
201802	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	5
201802	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201802	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	2
201802	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	12
201802	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201802	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	2
201802	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	78
201802	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	6
201802	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1479
201802	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	49
201802	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1313
201802	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4777
201802	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201802	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	216
201802	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	21
201802	APPL	306	FAILED TO MEET FTP ASSET LIMIT	1
201802	APPL	320	INCOME FROM RENTAL PROPERTY	1
201802	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	12
201802	APPL	330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	1
201802	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	5
201802	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2734
201802	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	11
201802	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1842
201802	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	70

201802	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	12
201802	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	404
201802	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	57
201802	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	62
201802	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	257
201802	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	34
201802	APPL	354	YOU DID NOT VERIFY DISABILITY	16
201802	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	21
201802	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	75
201802	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	10
201802	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	300
201802	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	3
201802	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3385
201802	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5300
201802	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	12
201802	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	47
201802	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	58
201802	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1645
201802	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	106
201802	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	4
201802	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	21
201802	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4539
201802	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	49
201802	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	21
201802	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	83386
201802	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5899
201802	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	23
201802	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	785
201802	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	3
201802	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	56
201802	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	197
201802	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	297
201802	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	82
201802	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	228
201802	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2364
201802	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	115
201802	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	83
201802	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	116
201802	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	6
201802	APPL	389	WITHDRAWN - NO NOTICE GENERATED	148
201802	APPL	391	NO APPROPRIATE PLACEMENT	49
201802	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	943
201802	APPL	403	CHILD AGE 19 OR OLDER	4
201802	APPL	404	CHILD AGE 21 OR OLDER	13
201802	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201802	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	24
201802	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201802	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	748
201802	APPL	410	CHILD HAS BEEN ADOPTED	1
201802	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	2
201802	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201802	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	3
201802	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201802	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	7
201802	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	3
201802	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	11
201802	APPL	421	ELIGIBLE CHILD HAS TURNED 18	8
201802	APPL	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201802	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	18
201802	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	13
201802	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	6
201802	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	8
201802	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	118
201802	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2503
201802	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	2
201802	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	7
201802	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	276
201802	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	59
201802	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	26
201802	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	3
201802	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201802	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	5
201802	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	11
201802	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	4
201802	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	1
201802	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	9
201802	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	66
201802	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	232
201802	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	90
201802	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	1
201802	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5433
201802	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1235
201802	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	433
201802	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	17198
201802	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5016
201802	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	6
201802	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201802	APPL	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201802	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	2205
201802	APPL	491	RECEIPT OF EARNED INCOME	1997
201802	APPL	492	UNEARNED INCOME HAS INCREASED	2548

201802	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	75
201802	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	152
201802	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	30
201802	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	184
201802	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	104
201802	APPL	499	RECEIPT OF VETERANS BENEFITS	5
201802	APPL	500	INCREASE IN VETERANS BENEFITS	2
201802	APPL	501	INCOME OF BROTHER OR SISTER	1
201802	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201802	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	35
201802	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	62
201802	APPL	512	ACCOUNT TRANSFER TO FHK	29
201802	APPL	514	ACCOUNT TRANSFER TO FFM	74749
201802	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	30044
201802	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	484
201802	APPL	521	REOPENED CASE CLOSED IN ERROR	14
201802	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	145
201802	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	29
201802	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	82
201802	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	36765
201802	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	21
201802	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	44850
201802	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	23
201802	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	378
201802	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	3
201802	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	208
201802	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	9
201802	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	10
201802	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1014
201802	APPL	591	CHILD PLACED BACK IN HOME	1
201802	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	29
201802	APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201802	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201802	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201802	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	5
201802	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	1
201802	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201802	APPL	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201802	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201802	APPL	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201802	APPL	980	RETURNED MAIL	1
201802	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201802	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	18
201802	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	18
201802	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201802	CLOS	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	1
201802	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1
201802	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201802	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201802	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201802	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	4
201802	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	19
201802	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201802	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	24
201802	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	2
201802	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9
201802	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201802	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	2
201802	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201802	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	2
201802	CLOS	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	1
201802	CLOS	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201802	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	79
201802	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	22
201802	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201802	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201802	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	1
201802	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	1
201802	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	20
201802	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201802	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	20
201802	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	19
201802	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	21
201802	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	6
201802	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	39
201802	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201802	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201802	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	536
201802	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	72
201802	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	28
201802	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	7
201802	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201802	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	27
201802	CLOS	110	DECREASE/LOSS OF EARNED INCOME	125
201802	CLOS	110	DECREASE/LOSS OF EARNED INCOME	1
201802	CLOS	110	DECREASE/LOSS OF EARNED INCOME	38
201802	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201802	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	7
201802	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201802	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201802	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	3

201802	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED 4
201802	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL 1
201802	CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL 1
201802	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED. 17
201802	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED. 5
201802	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH 2
201802	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED 1
201802	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA 309
201802	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA 33
201802	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA 630
201802	CLOS	170	YOU ARE NOT AGE 65 OR OLDER 6
201802	CLOS	170	YOU ARE NOT AGE 65 OR OLDER 13
201802	CLOS	170	YOU ARE NOT AGE 65 OR OLDER 13
201802	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE 2
201802	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE 2
201802	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE 77
201802	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT 4
201802	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED 1
201802	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED 1
201802	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S) 475
201802	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S) 21
201802	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S) 1
201802	CLOS	179	FINANCIAL CONSENT WAS REVOKED 1
201802	CLOS	179	FINANCIAL CONSENT WAS REVOKED 1
201802	CLOS	179	FINANCIAL CONSENT WAS REVOKED 147
201802	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE 1
201802	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE 2
201802	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE 1
201802	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE 1
201802	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION 5
201802	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION 731
201802	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION 41
201802	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION 119
201802	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM 3783
201802	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM 114
201802	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM 3482
201802	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS 7
201802	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS 23
201802	CLOS	191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED 1
201802	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 27
201802	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 186
201802	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD 24
201802	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD 2
201802	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH 6
201802	CLOS	218	CHANGE IN FOOD STAMP BENEFITS 3
201802	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 1117
201802	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 34
201802	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 44269
201802	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 1157
201802	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 2
201802	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 26
201802	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 992
201802	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 32
201802	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5944
201802	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 63
201802	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 19
201802	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD 1
201802	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 159
201802	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 88
201802	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 4
201802	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10 1
201802	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10 4
201802	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 4
201802	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 1
201802	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 1
201802	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 14
201802	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 131648
201802	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 125
201802	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 4
201802	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 45
201802	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 865
201802	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 62292
201802	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A. 78
201802	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 7
201802	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 1
201802	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 3
201802	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 1
201802	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 33
201802	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 474
201802	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 1906
201802	CLOS	257	RELOCATION ASSISTANCE APPROVED 6
201802	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE 2
201802	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 1
201802	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 3
201802	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY 3
201802	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 25
201802	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 88
201802	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 14
201802	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS 1
201802	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS 3
201802	CLOS	267	INELIGIBLE DUE TO INCARCERATION 111

201802	CLOS	267	INELIGIBLE DUE TO INCARCERATION	4
201802	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	50
201802	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	1
201802	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	137
201802	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	4
201802	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1
201802	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	13
201802	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201802	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	212
201802	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	9
201802	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201802	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	43
201802	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	3
201802	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	332
201802	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201802	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	3
201802	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	3
201802	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	13
201802	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	43
201802	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4
201802	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	3
201802	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201802	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	6
201802	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	4
201802	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	3
201802	CLOS	285	HURRICANE KATRINA EVACUEE	2
201802	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1336
201802	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	5
201802	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201802	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	6
201802	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	76
201802	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1176
201802	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	44
201802	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	24
201802	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	4
201802	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	1
201802	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	12
201802	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	22
201802	CLOS	319	WITHDRAWN - MCI LINK ERROR	1
201802	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	9
201802	CLOS	330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	1
201802	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201802	CLOS	341	PARENT NOT INCAPACITED ANYMORE	2
201802	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201802	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	98
201802	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	44
201802	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	62
201802	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201802	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201802	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	9
201802	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	25
201802	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4830
201802	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2533
201802	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	214
201802	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2
201802	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	64
201802	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3883
201802	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	46
201802	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	14
201802	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	4
201802	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	5
201802	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	93
201802	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	638
201802	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	970
201802	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	56
201802	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	35
201802	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	7
201802	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	139
201802	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	26
201802	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	6
201802	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	1
201802	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	2
201802	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	23
201802	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201802	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201802	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	8
201802	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	37
201802	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	154
201802	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	100
201802	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	23
201802	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	1
201802	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	36
201802	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	252
201802	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	7277
201802	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1096
201802	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	50
201802	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	4
201802	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	3
201802	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	253
201802	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	254
201802	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	19

201802	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	6
201802	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	65
201802	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	109
201802	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	9
201802	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	3
201802	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	13
201802	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	21
201802	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	19
201802	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	4
201802	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201802	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	29
201802	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	99
201802	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	11
201802	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	2
201802	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	2
201802	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	17
201802	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	204
201802	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4515
201802	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	38
201802	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	248
201802	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	46
201802	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1077
201802	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	483
201802	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	3
201802	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	48
201802	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	15
201802	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	9079
201802	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8882
201802	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	132
201802	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	2
201802	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	107
201802	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	228
201802	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	156
201802	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	67
201802	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	12
201802	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	65
201802	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	131
201802	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201802	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201802	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	10
201802	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	86
201802	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	1048
201802	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	6
201802	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	2
201802	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	35
201802	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	4
201802	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	176
201802	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	293
201802	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	8
201802	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	84
201802	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	538
201802	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	10
201802	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5300
201802	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3155
201802	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	37
201802	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	428
201802	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	358
201802	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	34
201802	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2863
201802	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	598
201802	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	9
201802	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	46
201802	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	44
201802	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	2
201802	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	410
201802	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	4
201802	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	2
201802	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	114
201802	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	4
201802	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	238
201802	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	1
201802	CLOS	391	NO APPROPRIATE PLACEMENT	1
201802	CLOS	391	NO APPROPRIATE PLACEMENT	1
201802	CLOS	391	NO APPROPRIATE PLACEMENT	7
201802	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	4
201802	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	155
201802	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	206
201802	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201802	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	6
201802	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	93
201802	CLOS	403	CHILD AGE 19 OR OLDER	86
201802	CLOS	403	CHILD AGE 19 OR OLDER	290
201802	CLOS	403	CHILD AGE 19 OR OLDER	3
201802	CLOS	404	CHILD AGE 21 OR OLDER	6
201802	CLOS	404	CHILD AGE 21 OR OLDER	89
201802	CLOS	404	CHILD AGE 21 OR OLDER	739
201802	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	5
201802	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201802	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	37
201802	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	9
201802	CLOS	410	CHILD HAS BEEN ADOPTED	5

201802	CLOS	410	CHILD HAS BEEN ADOPTED 32
201802	CLOS	410	CHILD HAS BEEN ADOPTED 40
201802	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED 1
201802	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 1
201802	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 191
201802	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 4
201802	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 1
201802	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 2
201802	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 214
201802	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 83
201802	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 4
201802	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 1
201802	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 1
201802	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 4
201802	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 22
201802	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 3
201802	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 72
201802	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 106
201802	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 1
201802	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 2
201802	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 496
201802	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 51
201802	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 3
201802	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 19
201802	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 752
201802	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 118
201802	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 2
201802	CLOS	434	RESERVED 2
201802	CLOS	435	RESERVED 1
201802	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 2
201802	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 6
201802	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 1
201802	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 6
201802	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 1
201802	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 4
201802	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 1
201802	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 1
201802	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 2
201802	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 2
201802	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 2
201802	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS 1
201802	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 2
201802	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 7
201802	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 127
201802	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 8
201802	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 36
201802	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 14
201802	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 2
201802	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 34
201802	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 18
201802	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 9
201802	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 48
201802	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 40
201802	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 12
201802	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 16
201802	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 5272
201802	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 1
201802	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 11
201802	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 3
201802	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1271
201802	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 2
201802	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 502
201802	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 3479
201802	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 1039
201802	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 142
201802	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 32
201802	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 462
201802	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 548
201802	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES 1
201802	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY 5
201802	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 12
201802	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 8
201802	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 2
201802	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 41
201802	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 1
201802	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 29
201802	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 187
201802	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 555
201802	CLOS	491	RECEIPT OF EARNED INCOME 280
201802	CLOS	491	RECEIPT OF EARNED INCOME 590
201802	CLOS	491	RECEIPT OF EARNED INCOME 32
201802	CLOS	492	UNEARNED INCOME HAS INCREASED 12
201802	CLOS	492	UNEARNED INCOME HAS INCREASED 90
201802	CLOS	492	UNEARNED INCOME HAS INCREASED 145
201802	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 2
201802	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1
201802	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 21
201802	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 71
201802	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 92
201802	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 2
201802	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 25

201802	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	1
201802	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	12
201802	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	10
201802	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	3
201802	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	51
201802	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201802	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201802	CLOS	501	INCOME OF BROTHER OR SISTER	45
201802	CLOS	501	INCOME OF BROTHER OR SISTER	2
201802	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201802	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	26
201802	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	7
201802	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201802	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1
201802	CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	2
201802	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	2
201802	CLOS	512	ACCOUNT TRANSFER TO FHK	6
201802	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201802	CLOS	514	ACCOUNT TRANSFER TO FFM	126
201802	CLOS	514	ACCOUNT TRANSFER TO FFM	38
201802	CLOS	514	ACCOUNT TRANSFER TO FFM	600
201802	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	195
201802	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	12
201802	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	9
201802	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	998
201802	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	109
201802	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	43743
201802	CLOS	521	REOPENED CASE CLOSED IN ERROR	8
201802	CLOS	521	REOPENED CASE CLOSED IN ERROR	2
201802	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201802	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201802	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201802	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7943
201802	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	56
201802	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	9
201802	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	8
201802	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	84
201802	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	4770
201802	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	160
201802	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	19
201802	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	4
201802	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	30
201802	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	8488
201802	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	1222
201802	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	138
201802	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	1
201802	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	10
201802	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	135
201802	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2312
201802	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	143
201802	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	8
201802	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	5
201802	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	4
201802	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	32
201802	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	65
201802	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	19
201802	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	6
201802	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	90
201802	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	7
201802	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	7
201802	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1060
201802	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	78
201802	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	46428
201802	CLOS	591	CHILD PLACED BACK IN HOME	20
201802	CLOS	591	CHILD PLACED BACK IN HOME	5
201802	CLOS	591	CHILD PLACED BACK IN HOME	204
201802	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	5
201802	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	49
201802	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	4
201802	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	57
201802	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201802	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201802	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	8
201802	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	49
201802	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	4
201802	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	9
201802	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201802	CLOS	806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER	1
201802	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	3
201802	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	16
201802	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	2
201802	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201802	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	3
201802	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201802	CLOS	831	WE ISSUED FS ID CARD WITH INCORRECT SEQUENCE NUMBER	1
201802	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	2
201802	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	21
201802	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	2
201802	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	13
201802	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201802	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1

201802	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201802	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201802	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201802	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	9
201802	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	7
201802	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201802	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201802	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	4
201802	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	8
201802	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201802	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201802	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	6
201802	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201802	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201802	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	2
201803	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	1
201803	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	605055
201803	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	237
201803	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	20806
201803	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2216
201803	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	16043
201803	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	6
201803	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	38
201803	APPL	047	YOU ARE APPROVED FOR MEDICAID THROUGH THE TICKET TO WORK PROGRAM	1
201803	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201803	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	65494
201803	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	252
201803	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	12
201803	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6992
201803	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	295
201803	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	5
201803	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201803	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	9
201803	APPL	065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201803	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	11
201803	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	133
201803	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	119
201803	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	22
201803	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	4
201803	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	252
201803	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	359
201803	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	71
201803	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	70870
201803	APPL	096	YOU HAVE REQUESTED A HEARING	5
201803	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	5
201803	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201803	APPL	099	THE ASSISTANCE GROUP HAS MOVED	4
201803	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201803	APPL	110	DECREASE/LOSS OF EARNED INCOME	330
201803	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	101
201803	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201803	APPL	125	PROVISIONAL MEDICAID APPROVED	93
201803	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	42
201803	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	43
201803	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	17
201803	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8458
201803	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	67
201803	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	366
201803	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	63
201803	APPL	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201803	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	114
201803	APPL	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201803	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	23
201803	APPL	170	YOU ARE NOT AGE 65 OR OLDER	97
201803	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	24
201803	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	4
201803	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	3
201803	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2408
201803	APPL	179	FINANCIAL CONSENT WAS REVOKED	255
201803	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201803	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	4
201803	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	715
201803	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5534
201803	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	808
201803	APPL	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201803	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201803	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	371
201803	APPL	201	NO CHILD SUPPORT DISREGARD	1
201803	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	3
201803	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	6
201803	APPL	218	CHANGE IN FOOD STAMP BENEFITS	38
201803	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	599
201803	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5646
201803	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	36422
201803	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1472
201803	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	298
201803	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	54
201803	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	4
201803	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	222
201803	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	17592
201803	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	5

201803	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201803	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	148
201803	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	21
201803	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2576
201803	APPL	257	RELOCATION ASSISTANCE APPROVED	3
201803	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	13
201803	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	31
201803	APPL	262	FAILURE TO MEET SHARE OF COST	6
201803	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	120
201803	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	23
201803	APPL	267	INELIGIBLE DUE TO INCARCERATION	18
201803	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	49
201803	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	57
201803	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	3
201803	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	6
201803	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	4
201803	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	13
201803	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201803	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	2
201803	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	41
201803	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	9
201803	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1452
201803	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	39
201803	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1262
201803	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4476
201803	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201803	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	249
201803	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	19
201803	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	11
201803	APPL	335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	1
201803	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	8
201803	APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201803	APPL	342	PARENT DID NOT PROVE INCAPACITY	1
201803	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2645
201803	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201803	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	7
201803	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1368
201803	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	67
201803	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	11
201803	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	332
201803	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	58
201803	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	51
201803	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	263
201803	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	39
201803	APPL	354	YOU DID NOT VERIFY DISABILITY	19
201803	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	40
201803	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	61
201803	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	20
201803	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	240
201803	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	3
201803	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3126
201803	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4364
201803	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	11
201803	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	36
201803	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	52
201803	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1363
201803	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	119
201803	APPL	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201803	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201803	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	19
201803	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3945
201803	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	61
201803	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	24
201803	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	69291
201803	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5064
201803	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	24
201803	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	685
201803	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201803	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	33
201803	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	155
201803	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	289
201803	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	123
201803	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	259
201803	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2563
201803	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	127
201803	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	67
201803	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	141
201803	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	2
201803	APPL	389	WITHDRAWN - NO NOTICE GENERATED	138
201803	APPL	390	FAILED DUE TO EMPLOYMENT HOURS	1
201803	APPL	391	NO APPROPRIATE PLACEMENT	53
201803	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	884
201803	APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	2
201803	APPL	403	CHILD AGE 19 OR OLDER	3
201803	APPL	404	CHILD AGE 21 OR OLDER	15
201803	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	45
201803	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	360
201803	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201803	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201803	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	1
201803	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	3

201803	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	8
201803	APPL	421	ELIGIBLE CHILD HAS TURNED 18	6
201803	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	2
201803	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	30
201803	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	13
201803	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	6
201803	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	6
201803	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	85
201803	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1885
201803	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	2
201803	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8
201803	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	221
201803	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	47
201803	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	32
201803	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	8
201803	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201803	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	8
201803	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	6
201803	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201803	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	4
201803	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	4
201803	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201803	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	89
201803	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	226
201803	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	54
201803	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	2
201803	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4665
201803	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1176
201803	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	388
201803	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	13607
201803	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	3436
201803	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	4
201803	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	15
201803	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1700
201803	APPL	491	RECEIPT OF EARNED INCOME	1279
201803	APPL	492	UNEARNED INCOME HAS INCREASED	2230
201803	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	75
201803	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	140
201803	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	31
201803	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	131
201803	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	85
201803	APPL	499	RECEIPT OF VETERANS BENEFITS	6
201803	APPL	500	INCREASE IN VETERANS BENEFITS	2
201803	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201803	APPL	505	DEEMED INCOME OF A SPOUSE	2
201803	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	26
201803	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	40
201803	APPL	512	ACCOUNT TRANSFER TO FHK	29
201803	APPL	514	ACCOUNT TRANSFER TO FFM	59335
201803	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	29359
201803	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	453
201803	APPL	521	REOPENED CASE CLOSED IN ERROR	19
201803	APPL	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201803	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	174
201803	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	35
201803	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	100
201803	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	25267
201803	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	28
201803	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	37776
201803	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	17
201803	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	284
201803	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	5
201803	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	202
201803	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	15
201803	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201803	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	826
201803	APPL	591	CHILD PLACED BACK IN HOME	2
201803	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	13
201803	APPL	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	2
201803	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	3
201803	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	4
201803	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201803	APPL	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201803	APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201803	APPL	852	YOU DID NOT REPORT TRANSFER OF PROPERTY	1
201803	APPL	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201803	APPL	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201803	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201803	APPL	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201803	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	4
201803	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	31
201803	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201803	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	17
201803	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	2
201803	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201803	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201803	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201803	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	5
201803	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201803	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201803	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	28

201803	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	12
201803	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	2
201803	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9
201803	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	5
201803	CLOS	057	RELOCATION ASSISTANCE APPROVED	3
201803	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201803	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	55
201803	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	2
201803	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	12
201803	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	5
201803	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	7
201803	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	28
201803	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201803	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201803	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	27
201803	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	22
201803	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	20
201803	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	6
201803	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	43
201803	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201803	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201803	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201803	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	3
201803	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	652
201803	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	165
201803	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	49
201803	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201803	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	7
201803	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	19
201803	CLOS	110	DECREASE/LOSS OF EARNED INCOME	141
201803	CLOS	110	DECREASE/LOSS OF EARNED INCOME	1
201803	CLOS	110	DECREASE/LOSS OF EARNED INCOME	35
201803	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	4
201803	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	9
201803	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201803	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201803	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	17
201803	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201803	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	2
201803	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	8
201803	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	4
201803	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	6
201803	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	511
201803	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	361
201803	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	58
201803	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	9
201803	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	15
201803	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	3
201803	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	96
201803	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	5
201803	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	3
201803	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201803	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201803	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	4
201803	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2
201803	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201803	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	400
201803	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	27
201803	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1
201803	CLOS	179	FINANCIAL CONSENT WAS REVOKED	3
201803	CLOS	179	FINANCIAL CONSENT WAS REVOKED	109
201803	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	2
201803	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201803	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201803	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201803	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	113
201803	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	615
201803	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	68
201803	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	153
201803	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4211
201803	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4508
201803	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	24
201803	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	2
201803	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	24
201803	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	2
201803	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	303
201803	CLOS	201	NO CHILD SUPPORT DISREGARD	2
201803	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	3
201803	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	31
201803	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	7
201803	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	2
201803	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201803	CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	2
201803	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	40118
201803	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1079
201803	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	66
201803	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	10
201803	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	38
201803	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1279
201803	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5885
201803	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1566

201803	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	34
201803	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201803	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	22
201803	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	41
201803	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201803	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	253
201803	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	122
201803	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	2
201803	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201803	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	8
201803	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201803	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201803	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201803	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201803	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	9
201803	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	74013
201803	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	251
201803	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	9
201803	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	66
201803	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	960
201803	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	59583
201803	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	73
201803	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	4
201803	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201803	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201803	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	3
201803	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201803	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	403
201803	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	45
201803	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1722
201803	CLOS	257	RELOCATION ASSISTANCE APPROVED	4
201803	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	7
201803	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201803	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201803	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201803	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201803	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201803	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	96
201803	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	11
201803	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	31
201803	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201803	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201803	CLOS	267	INELIGIBLE DUE TO INCARCERATION	14
201803	CLOS	267	INELIGIBLE DUE TO INCARCERATION	149
201803	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	104
201803	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	32
201803	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	14
201803	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	6
201803	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	7
201803	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	249
201803	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	6
201803	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	6
201803	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	41
201803	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	289
201803	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	4
201803	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201803	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	3
201803	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	40
201803	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	3
201803	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	5
201803	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201803	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201803	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT	1
201803	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201803	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	4
201803	CLOS	285	HURRICANE KATRINA EVACUEE	3
201803	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1406
201803	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	5
201803	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	3
201803	CLOS	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201803	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	2
201803	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	72
201803	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1028
201803	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201803	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	59
201803	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	19
201803	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	3
201803	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	9
201803	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	20
201803	CLOS	305	MEDICAID QUALIFYING TRUST EXCEEDS ASSET LIMIT	1
201803	CLOS	319	WITHDRAWN - MCI LINK ERROR	1
201803	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201803	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	5
201803	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	14
201803	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201803	CLOS	330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	1
201803	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201803	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201803	CLOS	341	PARENT NOT INCAPACITED ANYMORE	3
201803	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	82
201803	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	53

201803	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	84
201803	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201803	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	51
201803	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201803	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	32
201803	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2589
201803	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	239
201803	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	5193
201803	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3950
201803	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3
201803	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	46
201803	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	15
201803	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	35
201803	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	518
201803	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	49
201803	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	19
201803	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	59
201803	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1090
201803	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	12
201803	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	18
201803	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	1
201803	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	5
201803	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	28
201803	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	155
201803	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	33
201803	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	8
201803	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201803	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	7
201803	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	1
201803	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	38
201803	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	148
201803	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	20
201803	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	176
201803	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	27
201803	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	2
201803	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	312
201803	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	8839
201803	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	68
201803	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1078
201803	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	3
201803	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	253
201803	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	314
201803	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	27
201803	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4
201803	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	62
201803	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	123
201803	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	10
201803	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	6
201803	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	12
201803	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	17
201803	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	9
201803	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	9
201803	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201803	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	18
201803	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	203
201803	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	15
201803	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	13
201803	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	1
201803	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1
201803	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201803	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	191
201803	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4393
201803	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	18
201803	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	237
201803	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	36
201803	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1294
201803	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	508
201803	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	3
201803	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	50
201803	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201803	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	6
201803	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	4
201803	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	11392
201803	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	132
201803	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	10596
201803	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	176
201803	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	15
201803	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	163
201803	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	58
201803	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	6
201803	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	184
201803	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	113
201803	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	2
201803	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	73
201803	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	5
201803	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201803	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	967
201803	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	123
201803	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	15
201803	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	6
201803	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	208

201803	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	4
201803	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	50
201803	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	107
201803	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	5
201803	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	334
201803	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	6078
201803	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	16
201803	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	472
201803	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	438
201803	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	50
201803	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	3417
201803	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	3248
201803	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	28
201803	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	525
201803	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	53
201803	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	10
201803	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	664
201803	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1517
201803	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	13
201803	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	225
201803	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	7
201803	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	248
201803	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	97
201803	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	3
201803	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	2
201803	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	4
201803	CLOS	391	NO APPROPRIATE PLACEMENT	6
201803	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	222
201803	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	160
201803	CLOS	397	NON TITLE IV-E CHILD PLACED IN FLORIDA BY ANOTHER STATE	1
201803	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201803	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	7
201803	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	1
201803	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	84
201803	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	2
201803	CLOS	403	CHILD AGE 19 OR OLDER	76
201803	CLOS	403	CHILD AGE 19 OR OLDER	4
201803	CLOS	403	CHILD AGE 19 OR OLDER	336
201803	CLOS	404	CHILD AGE 21 OR OLDER	127
201803	CLOS	404	CHILD AGE 21 OR OLDER	5
201803	CLOS	404	CHILD AGE 21 OR OLDER	946
201803	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	6
201803	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201803	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201803	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	7
201803	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	26
201803	CLOS	410	CHILD HAS BEEN ADOPTED	12
201803	CLOS	410	CHILD HAS BEEN ADOPTED	13
201803	CLOS	410	CHILD HAS BEEN ADOPTED	33
201803	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	2
201803	CLOS	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201803	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201803	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201803	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	1
201803	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	131
201803	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201803	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	1
201803	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	2
201803	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	98
201803	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	230
201803	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201803	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201803	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201803	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	8
201803	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	18
201803	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	164
201803	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	4
201803	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	102
201803	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	6
201803	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	555
201803	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	35
201803	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	2
201803	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	17
201803	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	879
201803	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	154
201803	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	3
201803	CLOS	434	RESERVED	1
201803	CLOS	435	RESERVED	3
201803	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201803	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	1
201803	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	7
201803	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	3
201803	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	1
201803	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	12
201803	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	7
201803	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1
201803	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	5
201803	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	2
201803	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201803	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201803	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1

201803	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	3
201803	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	4
201803	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	173
201803	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	2
201803	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	58
201803	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	7
201803	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201803	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	32
201803	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	1
201803	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	10
201803	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	30
201803	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	8
201803	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	17
201803	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	11
201803	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	2
201803	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	47
201803	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	17
201803	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7166
201803	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1908
201803	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	8
201803	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	4
201803	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	762
201803	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3152
201803	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	1042
201803	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	157
201803	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	38
201803	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	525
201803	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	465
201803	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201803	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	2
201803	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	13
201803	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	20
201803	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201803	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	58
201803	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	188
201803	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	25
201803	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	494
201803	CLOS	491	RECEIPT OF EARNED INCOME	315
201803	CLOS	491	RECEIPT OF EARNED INCOME	28
201803	CLOS	491	RECEIPT OF EARNED INCOME	614
201803	CLOS	492	UNEARNED INCOME HAS INCREASED	121
201803	CLOS	492	UNEARNED INCOME HAS INCREASED	7
201803	CLOS	492	UNEARNED INCOME HAS INCREASED	190
201803	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	3
201803	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	103
201803	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	15
201803	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	99
201803	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	2
201803	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	36
201803	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	29
201803	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	9
201803	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	50
201803	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	3
201803	CLOS	501	INCOME OF BROTHER OR SISTER	7
201803	CLOS	501	INCOME OF BROTHER OR SISTER	42
201803	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	23
201803	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201803	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201803	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201803	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201803	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1
201803	CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	1
201803	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	3
201803	CLOS	512	ACCOUNT TRANSFER TO FHK	5
201803	CLOS	514	ACCOUNT TRANSFER TO FFM	700
201803	CLOS	514	ACCOUNT TRANSFER TO FFM	137
201803	CLOS	514	ACCOUNT TRANSFER TO FFM	26
201803	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	7
201803	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	22
201803	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	220
201803	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	46645
201803	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	3055
201803	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	163
201803	CLOS	521	REOPENED CASE CLOSED IN ERROR	5
201803	CLOS	521	REOPENED CASE CLOSED IN ERROR	24
201803	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201803	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201803	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201803	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	7
201803	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	8387
201803	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	65
201803	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	9
201803	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	10
201803	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	56
201803	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3282
201803	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	121
201803	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	13
201803	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	8
201803	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	27
201803	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7503
201803	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	1127

201803	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	173
201803	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	40
201803	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	340
201803	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2715
201803	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	139
201803	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	12
201803	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201803	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	12
201803	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	28
201803	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	96
201803	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	30
201803	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	8
201803	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201803	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	95
201803	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	8
201803	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201803	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201803	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	102
201803	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1928
201803	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	48955
201803	CLOS	591	CHILD PLACED BACK IN HOME	10
201803	CLOS	591	CHILD PLACED BACK IN HOME	167
201803	CLOS	591	CHILD PLACED BACK IN HOME	9
201803	CLOS	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	1
201803	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	60
201803	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	4
201803	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201803	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	2
201803	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	51
201803	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201803	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	6
201803	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	41
201803	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201803	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201803	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	21
201803	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201803	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201803	CLOS	804	YOU DID NOT REPORT SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED BY A MEMBER	1
201803	CLOS	808	YOU DID NOT REPORT INTEREST INCOME RECEIVED BY A MEMBER	1
201803	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	1
201803	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	3
201803	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	15
201803	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	5
201803	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	1
201803	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201803	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201803	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	2
201803	CLOS	834	NO PROGRAM LOSS	1
201803	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	19
201803	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	21
201803	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201803	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	7
201803	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201803	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201803	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	1
201803	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201803	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	6
201803	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	8
201803	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	3
201803	CLOS	886	You under-reported the income of a household member.	1
201803	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	14
201803	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	7
201803	CLOS	957	FOOD STAMP RETROACTIVE BENEFITS	1
201803	CLOS	972	REPLACEMENT OF FOOD STAMPS DUE TO TROPICAL STORM ISAAC	1
201803	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	11
201803	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201803	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201803	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	5
201803	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201803	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	6
201803	CLOS	987	INTERCEPTION AS A RESULT OF EBT	1
201804	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201804	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	546884
201804	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	158
201804	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	17596
201804	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1662
201804	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	13301
201804	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	9
201804	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	57
201804	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	57594
201804	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	181
201804	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	18
201804	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6515
201804	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	269
201804	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	3
201804	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	6
201804	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	4
201804	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	52
201804	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	31
201804	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	16
201804	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2

201804	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	293
201804	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	278
201804	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	55
201804	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	58428
201804	APPL	096	YOU HAVE REQUESTED A HEARING	5
201804	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	6
201804	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	3
201804	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201804	APPL	110	DECREASE/LOSS OF EARNED INCOME	348
201804	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	164
201804	APPL	125	PROVISIONAL MEDICAID APPROVED	62
201804	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	31
201804	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	28
201804	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	15
201804	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6965
201804	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	76
201804	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	433
201804	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	53
201804	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201804	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201804	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	136
201804	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	22
201804	APPL	170	YOU ARE NOT AGE 65 OR OLDER	99
201804	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	17
201804	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201804	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	2
201804	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1963
201804	APPL	179	FINANCIAL CONSENT WAS REVOKED	207
201804	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	1
201804	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201804	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201804	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201804	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	666
201804	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5096
201804	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	2
201804	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	763
201804	APPL	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201804	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	293
201804	APPL	201	NO CHILD SUPPORT DISREGARD	3
201804	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	5
201804	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	7
201804	APPL	218	CHANGE IN FOOD STAMP BENEFITS	42
201804	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	533
201804	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5313
201804	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	33353
201804	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1456
201804	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	285
201804	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	50
201804	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201804	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	207
201804	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	14326
201804	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	6
201804	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	141
201804	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	20
201804	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2199
201804	APPL	257	RELOCATION ASSISTANCE APPROVED	4
201804	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201804	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201804	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	35
201804	APPL	262	FAILURE TO MEET SHARE OF COST	4
201804	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	104
201804	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	7
201804	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	6
201804	APPL	267	INELIGIBLE DUE TO INCARCERATION	11
201804	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	5
201804	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	46
201804	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201804	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	6
201804	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	7
201804	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201804	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	64
201804	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	11
201804	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1551
201804	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	33
201804	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	789
201804	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201804	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4186
201804	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	4
201804	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	182
201804	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	17
201804	APPL	320	INCOME FROM RENTAL PROPERTY	2
201804	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	10
201804	APPL	330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	1
201804	APPL	333	TEMPORARY CASH REDUCED TO REPAY STRAP DIVERSION	1
201804	APPL	336	REPAYMENT OF UPFRONT DIVERSION IS MORE THAN CASH ASSISTANCE	1
201804	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	16
201804	APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201804	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2302
201804	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	4
201804	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	6
201804	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1210

201804	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	32
201804	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	12
201804	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	339
201804	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	16
201804	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	62
201804	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	245
201804	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	32
201804	APPL	354	YOU DID NOT VERIFY DISABILITY	23
201804	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	36
201804	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	83
201804	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	9
201804	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	282
201804	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	7
201804	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2514
201804	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3512
201804	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	6
201804	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	29
201804	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	47
201804	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1290
201804	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	122
201804	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201804	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	28
201804	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3003
201804	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	52
201804	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	19
201804	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	58632
201804	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	3977
201804	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	18
201804	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	590
201804	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201804	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	25
201804	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	112
201804	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	302
201804	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	83
201804	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	157
201804	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2072
201804	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	115
201804	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	58
201804	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	104
201804	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	3
201804	APPL	389	WITHDRAWN - NO NOTICE GENERATED	137
201804	APPL	390	FAILED DUE TO EMPLOYMENT HOURS	1
201804	APPL	391	NO APPROPRIATE PLACEMENT	53
201804	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	765
201804	APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201804	APPL	403	CHILD AGE 19 OR OLDER	3
201804	APPL	404	CHILD AGE 21 OR OLDER	9
201804	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	53
201804	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201804	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	411
201804	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	4
201804	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	2
201804	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201804	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	2
201804	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201804	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	13
201804	APPL	421	ELIGIBLE CHILD HAS TURNED 18	8
201804	APPL	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201804	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	2
201804	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	27
201804	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	11
201804	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201804	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	7
201804	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	64
201804	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1785
201804	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201804	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	6
201804	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	196
201804	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	50
201804	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	37
201804	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	3
201804	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	4
201804	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	3
201804	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	10
201804	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	1
201804	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	3
201804	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	3
201804	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	1
201804	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	40
201804	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	218
201804	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	60
201804	APPL	461	CHILD(REN) ADDED AT ZERO BENEFIT	3
201804	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4092
201804	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1011
201804	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	393
201804	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	11114
201804	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5016
201804	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201804	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	9
201804	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	10
201804	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1551

201804	APPL	491	RECEIPT OF EARNED INCOME	1601
201804	APPL	492	UNEARNED INCOME HAS INCREASED	2297
201804	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	66
201804	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	133
201804	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	39
201804	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201804	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	136
201804	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	101
201804	APPL	499	RECEIPT OF VETERANS BENEFITS	1
201804	APPL	500	INCREASE IN VETERANS BENEFITS	4
201804	APPL	501	INCOME OF BROTHER OR SISTER	2
201804	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201804	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	3
201804	APPL	505	DEEMED INCOME OF A SPOUSE	1
201804	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	32
201804	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	29
201804	APPL	512	ACCOUNT TRANSFER TO FHK	28
201804	APPL	514	ACCOUNT TRANSFER TO FFM	53566
201804	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	26570
201804	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	236
201804	APPL	521	REOPENED CASE CLOSED IN ERROR	12
201804	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	167
201804	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	26
201804	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	107
201804	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	19012
201804	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	19
201804	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	30380
201804	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	4
201804	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	200
201804	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	2
201804	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	182
201804	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	2
201804	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201804	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	624
201804	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	14
201804	APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201804	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201804	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	4
201804	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201804	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	3
201804	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201804	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201804	APPL	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	1
201804	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201804	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201804	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201804	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	3
201804	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	17
201804	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	3
201804	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	19
201804	CLOS	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	1
201804	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201804	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	5
201804	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201804	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	3
201804	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201804	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	25
201804	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	29
201804	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	1
201804	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201804	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	2
201804	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	1
201804	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	1
201804	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	6
201804	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	4
201804	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201804	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	2
201804	CLOS	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	1
201804	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	171
201804	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	2
201804	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	75
201804	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	13
201804	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	8
201804	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	27
201804	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201804	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201804	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	15
201804	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	17
201804	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	29
201804	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	10
201804	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	28
201804	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201804	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	37
201804	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	440
201804	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	114
201804	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201804	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	20
201804	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201804	CLOS	110	DECREASE/LOSS OF EARNED INCOME	11
201804	CLOS	110	DECREASE/LOSS OF EARNED INCOME	143
201804	CLOS	110	DECREASE/LOSS OF EARNED INCOME	3

201804	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	8
201804	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201804	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201804	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201804	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201804	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201804	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	17
201804	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201804	CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201804	CLOS	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201804	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	14
201804	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	4
201804	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201804	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	3
201804	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	5
201804	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201804	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	312
201804	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	58
201804	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	358
201804	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	3
201804	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	6
201804	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	5
201804	CLOS	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201804	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	100
201804	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	7
201804	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	3
201804	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	4
201804	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2
201804	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	237
201804	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	11
201804	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2
201804	CLOS	179	FINANCIAL CONSENT WAS REVOKED	115
201804	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	4
201804	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201804	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201804	CLOS	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201804	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	115
201804	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	544
201804	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	62
201804	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	134
201804	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4645
201804	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4777
201804	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	22
201804	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	3
201804	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201804	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	21
201804	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	1
201804	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	247
201804	CLOS	201	NO CHILD SUPPORT DISREGARD	1
201804	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201804	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	56
201804	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	10
201804	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	2
201804	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	2
201804	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1008
201804	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	50
201804	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	35295
201804	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1440
201804	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	33
201804	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	837
201804	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	25
201804	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5756
201804	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	59
201804	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201804	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	20
201804	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	3
201804	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	85
201804	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	209
201804	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	13
201804	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201804	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201804	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201804	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201804	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201804	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	6
201804	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201804	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	200
201804	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	4
201804	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	95892
201804	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	46190
201804	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	67
201804	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	848
201804	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	46
201804	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201804	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201804	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201804	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201804	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201804	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	443
201804	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	85
201804	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1722

201804	CLOS	257	RELOCATION ASSISTANCE APPROVED	4
201804	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201804	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201804	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	2
201804	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	2
201804	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201804	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	34
201804	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	59
201804	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	11
201804	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	2
201804	CLOS	267	INELIGIBLE DUE TO INCARCERATION	152
201804	CLOS	267	INELIGIBLE DUE TO INCARCERATION	11
201804	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	36
201804	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	86
201804	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	13
201804	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	24
201804	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201804	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	209
201804	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	18
201804	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	1
201804	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	46
201804	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	2
201804	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	248
201804	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	2
201804	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201804	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	9
201804	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	40
201804	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	17
201804	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	7
201804	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	2
201804	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201804	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201804	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201804	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	2
201804	CLOS	285	HURRICANE KATRINA EVACUEE	3
201804	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1347
201804	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	6
201804	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	58
201804	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	2
201804	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	949
201804	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	41
201804	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	1
201804	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	8
201804	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	6
201804	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	12
201804	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201804	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	6
201804	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	16
201804	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	5
201804	CLOS	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201804	CLOS	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201804	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201804	CLOS	341	PARENT NOT INCAPACITED ANYMORE	3
201804	CLOS	342	PARENT DID NOT PROVE INCAPACITY	1
201804	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	53
201804	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	80
201804	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	59
201804	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	2
201804	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	15
201804	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	45
201804	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4576
201804	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2370
201804	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	199
201804	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	1
201804	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	51
201804	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3639
201804	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	22
201804	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	14
201804	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	59
201804	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	9
201804	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	490
201804	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	678
201804	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	10
201804	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	52
201804	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	11
201804	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	3
201804	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	13
201804	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	121
201804	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	8
201804	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	14
201804	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	2
201804	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	34
201804	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201804	CLOS	354	YOU DID NOT VERIFY DISABILITY	3
201804	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	10
201804	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	3
201804	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	26
201804	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	137
201804	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	14
201804	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	133
201804	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	85

201804	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	7
201804	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	362
201804	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	7866
201804	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	82
201804	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	839
201804	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	4
201804	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	3
201804	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	201
201804	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	236
201804	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	34
201804	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5
201804	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	61
201804	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	111
201804	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	2
201804	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201804	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	7
201804	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	1
201804	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	23
201804	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	14
201804	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	1
201804	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	20
201804	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	28
201804	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	189
201804	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	6
201804	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	2
201804	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3
201804	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201804	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	184
201804	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2
201804	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	11
201804	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	2
201804	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3898
201804	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	912
201804	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	36
201804	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	201
201804	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	40
201804	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	493
201804	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201804	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	16
201804	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	1
201804	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	10485
201804	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	128
201804	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	9383
201804	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	171
201804	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	3
201804	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	118
201804	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	63
201804	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	8
201804	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	168
201804	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	137
201804	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	1
201804	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	61
201804	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201804	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	914
201804	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	110
201804	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	17
201804	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	6
201804	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	4
201804	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	4
201804	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	218
201804	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	55
201804	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	5
201804	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	5
201804	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	100
201804	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	323
201804	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	4970
201804	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	450
201804	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	12
201804	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	48
201804	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	431
201804	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2967
201804	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	3235
201804	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	494
201804	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	62
201804	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	7
201804	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	66
201804	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	584
201804	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	2010
201804	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	254
201804	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	32
201804	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201804	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	290
201804	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	1
201804	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	100
201804	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	2
201804	CLOS	391	NO APPROPRIATE PLACEMENT	2
201804	CLOS	391	NO APPROPRIATE PLACEMENT	6
201804	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT	1
201804	CLOS	393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	1
201804	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	121
201804	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	139

201804	CLOS	397	NON TITLE IV-E CHILD PLACED IN FLORIDA BY ANOTHER STATE	1
201804	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	4
201804	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	84
201804	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201804	CLOS	403	CHILD AGE 19 OR OLDER	131
201804	CLOS	403	CHILD AGE 19 OR OLDER	362
201804	CLOS	403	CHILD AGE 19 OR OLDER	1
201804	CLOS	404	CHILD AGE 21 OR OLDER	1
201804	CLOS	404	CHILD AGE 21 OR OLDER	60
201804	CLOS	404	CHILD AGE 21 OR OLDER	732
201804	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201804	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201804	CLOS	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201804	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	20
201804	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	10
201804	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	2
201804	CLOS	410	CHILD HAS BEEN ADOPTED	38
201804	CLOS	410	CHILD HAS BEEN ADOPTED	8
201804	CLOS	410	CHILD HAS BEEN ADOPTED	28
201804	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201804	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	105
201804	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	8
201804	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	3
201804	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	2
201804	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	5
201804	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	142
201804	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	73
201804	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201804	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201804	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	1
201804	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	2
201804	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	79
201804	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	142
201804	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	2
201804	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201804	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201804	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	434
201804	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	34
201804	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	10
201804	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	803
201804	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	145
201804	CLOS	434	RESERVED	1
201804	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201804	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	13
201804	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	2
201804	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	5
201804	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	2
201804	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	6
201804	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	6
201804	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	7
201804	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201804	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201804	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201804	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201804	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	3
201804	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	13
201804	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	9088
201804	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	4
201804	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201804	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201804	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	57
201804	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	2
201804	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	24
201804	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	5
201804	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	1
201804	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	6
201804	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	31
201804	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	24
201804	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	21
201804	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	42
201804	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	11
201804	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	1
201804	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5
201804	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	6613
201804	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1831
201804	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	786
201804	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3285
201804	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	925
201804	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	99
201804	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	26
201804	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	503
201804	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	502
201804	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201804	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201804	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201804	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	11
201804	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	8
201804	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	56
201804	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201804	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	2
201804	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	527

201804	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	26
201804	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	176
201804	CLOS	491	RECEIPT OF EARNED INCOME	664
201804	CLOS	491	RECEIPT OF EARNED INCOME	24
201804	CLOS	491	RECEIPT OF EARNED INCOME	304
201804	CLOS	492	UNEARNED INCOME HAS INCREASED	192
201804	CLOS	492	UNEARNED INCOME HAS INCREASED	26
201804	CLOS	492	UNEARNED INCOME HAS INCREASED	209
201804	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201804	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201804	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201804	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	122
201804	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	28
201804	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	113
201804	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201804	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	41
201804	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	4
201804	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	23
201804	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	17
201804	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	6
201804	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	58
201804	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201804	CLOS	501	INCOME OF BROTHER OR SISTER	57
201804	CLOS	501	INCOME OF BROTHER OR SISTER	4
201804	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201804	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	19
201804	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201804	CLOS	503	DEEMED INCOME FROM A SPONSOR	1
201804	CLOS	503	DEEMED INCOME FROM A SPONSOR	1
201804	CLOS	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201804	CLOS	509	STEP PARENT INCOME	1
201804	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201804	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	2
201804	CLOS	512	ACCOUNT TRANSFER TO FHK	9
201804	CLOS	514	ACCOUNT TRANSFER TO FFM	486
201804	CLOS	514	ACCOUNT TRANSFER TO FFM	151
201804	CLOS	514	ACCOUNT TRANSFER TO FFM	25
201804	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	6
201804	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	32
201804	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	223
201804	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	39827
201804	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	2115
201804	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	44
201804	CLOS	521	REOPENED CASE CLOSED IN ERROR	1
201804	CLOS	521	REOPENED CASE CLOSED IN ERROR	14
201804	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5
201804	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201804	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201804	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	4
201804	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7446
201804	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	38
201804	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	8
201804	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	3
201804	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	15
201804	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	62
201804	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3354
201804	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	103
201804	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	5
201804	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	3
201804	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	27
201804	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7197
201804	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	808
201804	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	121
201804	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	9
201804	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	134
201804	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	1904
201804	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	146
201804	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	44
201804	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201804	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	3
201804	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	37
201804	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	65
201804	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	19
201804	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3
201804	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201804	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	15
201804	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	45
201804	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201804	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201804	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	100
201804	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1120
201804	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	76525
201804	CLOS	591	CHILD PLACED BACK IN HOME	20
201804	CLOS	591	CHILD PLACED BACK IN HOME	155
201804	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	3
201804	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	36
201804	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201804	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201804	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201804	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	46
201804	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1

201804	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201804	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	14
201804	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	43
201804	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201804	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	57
201804	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	6
201804	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	1
201804	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	2
201804	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	3
201804	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	8
201804	CLOS	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	1
201804	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	3
201804	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	3
201804	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201804	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201804	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	1
201804	CLOS	846	YOU DID NOT REPORT INCREASE IN NON-EARNED INCOME	1
201804	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	17
201804	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	6
201804	CLOS	854	WE ISSUED AN AUXILLARY PAYMENT IN ERROR	1
201804	CLOS	855	WE DID NOT ACCURATELY BUDGET YOUR EXPENSE	1
201804	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201804	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201804	CLOS	880	AUX CREATED IN ERROR(AE)	1
201804	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	3
201804	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	8
201804	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	11
201804	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	7
201804	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201804	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	10
201804	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	13
201804	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	6
201804	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201804	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201804	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201804	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201804	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	5
201804	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201804	CLOS	982	INTERCEPT TO ISSUE LESSER AMOUNT DUE TO CHANGE	3
201804	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	2
201804	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201805	APPL	018	CHANGE IN FOOD STAMP BENEFITS	1
201805	APPL	021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201805	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201805	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	609496
201805	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	142
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201805	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	15766
201805	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	10
201805	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	59
201805	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201805	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	63837
201805	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	243
201805	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	13
201805	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	8066
201805	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	305
201805	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	11
201805	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201805	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	6
201805	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	4
201805	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	64
201805	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	42
201805	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	11
201805	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	4
201805	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	324
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201805	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	10
201805	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201805	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	5
201805	APPL	110	DECREASE/LOSS OF EARNED INCOME	442
201805	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	138
201805	APPL	125	PROVISIONAL MEDICAID APPROVED	97
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201805	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	27
201805	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	27
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201805	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
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201805	APPL	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201805	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	30
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201805	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	18
201805	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
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201805	APPL	201	NO CHILD SUPPORT DISREGARD 4
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201805	APPL	262	FAILURE TO MEET SHARE OF COST 2
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201805	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST 1
201805	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS 15
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201805	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME 1
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201805	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	851
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201805	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201805	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201805	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	4
201805	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	6
201805	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201805	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	11
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201805	APPL	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201805	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	4
201805	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	30
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201805	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201805	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	5
201805	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	6
201805	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	5
201805	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	2
201805	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	3
201805	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	63
201805	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	242
201805	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	48
201805	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	1
201805	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4397
201805	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1064
201805	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	427
201805	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	13271
201805	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	6245
201805	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201805	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	8
201805	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201805	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1693
201805	APPL	491	RECEIPT OF EARNED INCOME	1819
201805	APPL	492	UNEARNED INCOME HAS INCREASED	2545
201805	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	65
201805	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	136
201805	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	43
201805	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	104
201805	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	95
201805	APPL	499	RECEIPT OF VETERANS BENEFITS	3
201805	APPL	500	INCREASE IN VETERANS BENEFITS	2
201805	APPL	501	INCOME OF BROTHER OR SISTER	4
201805	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201805	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201805	APPL	505	DEEMED INCOME OF A SPOUSE	1
201805	APPL	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	1
201805	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	46
201805	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	39
201805	APPL	512	ACCOUNT TRANSFER TO FHK	31
201805	APPL	514	ACCOUNT TRANSFER TO FFM	61930
201805	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	27863
201805	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	335
201805	APPL	521	REOPENED CASE CLOSED IN ERROR	14
201805	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	143
201805	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	29
201805	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	113
201805	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	22857
201805	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	25
201805	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	37467
201805	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5

201805	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	288
201805	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	5
201805	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	203
201805	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201805	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	880
201805	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	15
201805	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201805	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201805	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201805	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	3
201805	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	4
201805	APPL	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	3
201805	APPL	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201805	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201805	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201805	CLOS	018	CHANGE IN FOOD STAMP BENEFITS	1
201805	CLOS	021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201805	CLOS	038	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	1
201805	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	24
201805	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	20
201805	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201805	CLOS	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	1
201805	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	3
201805	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	2
201805	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201805	CLOS	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	1
201805	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201805	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	3
201805	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201805	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201805	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	31
201805	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	9
201805	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	5
201805	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9
201805	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201805	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	2
201805	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201805	CLOS	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201805	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	105
201805	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	48
201805	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	4
201805	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201805	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201805	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	7
201805	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	31
201805	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201805	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201805	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	12
201805	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	9
201805	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	22
201805	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201805	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	45
201805	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	1
201805	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201805	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	3
201805	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201805	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	602
201805	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	101
201805	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	27
201805	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	15
201805	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	12
201805	CLOS	110	DECREASE/LOSS OF EARNED INCOME	140
201805	CLOS	110	DECREASE/LOSS OF EARNED INCOME	3
201805	CLOS	110	DECREASE/LOSS OF EARNED INCOME	41
201805	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	4
201805	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	12
201805	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	3
201805	CLOS	141	MEDICAL SERVICES SHOULD BE BILLED UNDER PIN #	1
201805	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201805	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	7
201805	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	3
201805	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201805	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201805	CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201805	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	19
201805	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	5
201805	CLOS	165	CALL ABOUT THE $1000 SEVERANCE BENEFIT	1
201805	CLOS	167	TEMPORARY CASH REDUCED TO REPAY SEVERANCE BENEFIT	1
201805	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201805	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	198
201805	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	57
201805	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	413
201805	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201805	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201805	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	3
201805	CLOS	171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201805	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	89
201805	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	6
201805	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	5
201805	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201805	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2

201805	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2
201805	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	14
201805	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1
201805	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	230
201805	CLOS	179	FINANCIAL CONSENT WAS REVOKED	87
201805	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201805	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	7
201805	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201805	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201805	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201805	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	477
201805	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	43
201805	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	84
201805	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4074
201805	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	133
201805	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3738
201805	CLOS	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201805	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	3
201805	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1
201805	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	21
201805	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	110
201805	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	9
201805	CLOS	201	NO CHILD SUPPORT DISREGARD	3
201805	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	27
201805	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	8
201805	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	1
201805	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1090
201805	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	23
201805	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	32530
201805	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1581
201805	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	24
201805	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	771
201805	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	35
201805	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5844
201805	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	56
201805	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	18
201805	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201805	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	79
201805	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	173
201805	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	8
201805	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201805	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201805	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	8
201805	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	9
201805	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201805	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	217
201805	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	2
201805	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	115024
201805	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	45106
201805	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	44
201805	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	750
201805	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	4
201805	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	61
201805	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201805	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	3
201805	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201805	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	365
201805	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	29
201805	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1815
201805	CLOS	257	RELOCATION ASSISTANCE APPROVED	8
201805	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	2
201805	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	3
201805	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201805	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201805	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	47
201805	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	9
201805	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	21
201805	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201805	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201805	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	3
201805	CLOS	267	INELIGIBLE DUE TO INCARCERATION	159
201805	CLOS	267	INELIGIBLE DUE TO INCARCERATION	22
201805	CLOS	267	INELIGIBLE DUE TO INCARCERATION	1
201805	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	32
201805	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	122
201805	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	15
201805	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	18
201805	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201805	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	206
201805	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	13
201805	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	6
201805	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	55
201805	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201805	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	315
201805	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	4
201805	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	2
201805	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	10
201805	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	30
201805	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	2
201805	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	6
201805	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4

201805	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	2
201805	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT	1
201805	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201805	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1
201805	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	3
201805	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	4
201805	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1202
201805	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	771
201805	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	66
201805	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	2
201805	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201805	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	40
201805	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	4
201805	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	13
201805	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	3
201805	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	1
201805	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	5
201805	CLOS	319	WITHDRAWN - MCI LINK ERROR	1
201805	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	4
201805	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201805	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	16
201805	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201805	CLOS	341	PARENT NOT INCAPACITED ANYMORE	2
201805	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	64
201805	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	72
201805	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	35
201805	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201805	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	44
201805	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201805	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	24
201805	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2312
201805	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	223
201805	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4455
201805	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3835
201805	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2
201805	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	63
201805	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	17
201805	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	41
201805	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	433
201805	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	62
201805	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	7
201805	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1
201805	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	69
201805	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	831
201805	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	16
201805	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	12
201805	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	42
201805	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	3
201805	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	141
201805	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	61
201805	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	6
201805	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201805	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201805	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	33
201805	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	1
201805	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	3
201805	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	102
201805	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	13
201805	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	134
201805	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	230
201805	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	2
201805	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	55
201805	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	882
201805	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	49
201805	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	7700
201805	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	7
201805	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201805	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	254
201805	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	27
201805	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	232
201805	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	115
201805	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	9
201805	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	52
201805	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	9
201805	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201805	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201805	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	23
201805	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	6
201805	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	4
201805	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	42
201805	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	12
201805	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	48
201805	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	156
201805	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	2
201805	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	28
201805	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	2
201805	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	11
201805	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	210
201805	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201805	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	18
201805	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4385

201805	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	761
201805	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	255
201805	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	32
201805	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	2
201805	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	40
201805	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	526
201805	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	9
201805	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	3
201805	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	7838
201805	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	116
201805	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8117
201805	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	153
201805	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4
201805	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	109
201805	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	59
201805	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	7
201805	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	144
201805	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	125
201805	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	1
201805	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	70
201805	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201805	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	854
201805	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	84
201805	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	12
201805	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	6
201805	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	4
201805	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	161
201805	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	52
201805	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	6
201805	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	5
201805	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	63
201805	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	210
201805	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	4825
201805	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	407
201805	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	14
201805	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	42
201805	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	426
201805	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2834
201805	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2679
201805	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	506
201805	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	60
201805	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	2
201805	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	66
201805	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	615
201805	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1304
201805	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	204
201805	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	10
201805	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	7
201805	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	306
201805	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	5
201805	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	92
201805	CLOS	391	NO APPROPRIATE PLACEMENT	1
201805	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT	3
201805	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT	1
201805	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	144
201805	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	213
201805	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	4
201805	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201805	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	7
201805	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	1
201805	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	77
201805	CLOS	403	CHILD AGE 19 OR OLDER	112
201805	CLOS	403	CHILD AGE 19 OR OLDER	187
201805	CLOS	404	CHILD AGE 21 OR OLDER	59
201805	CLOS	404	CHILD AGE 21 OR OLDER	11
201805	CLOS	404	CHILD AGE 21 OR OLDER	713
201805	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201805	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201805	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	3
201805	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	12
201805	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	5
201805	CLOS	410	CHILD HAS BEEN ADOPTED	19
201805	CLOS	410	CHILD HAS BEEN ADOPTED	19
201805	CLOS	410	CHILD HAS BEEN ADOPTED	31
201805	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201805	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201805	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201805	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	1
201805	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	117
201805	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	3
201805	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201805	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	6
201805	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	4
201805	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	152
201805	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	63
201805	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201805	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	9
201805	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	18
201805	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	1
201805	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	1
201805	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	120

201805	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	43
201805	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	2
201805	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	423
201805	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	31
201805	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	4
201805	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	5
201805	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	13
201805	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	604
201805	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	125
201805	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	3
201805	CLOS	434	RESERVED	1
201805	CLOS	435	RESERVED	2
201805	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	2
201805	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201805	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	6
201805	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	1
201805	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201805	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	8
201805	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	4
201805	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1
201805	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	5
201805	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	7
201805	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	2
201805	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	3
201805	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	3
201805	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201805	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201805	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	7
201805	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	4
201805	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	532
201805	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201805	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	51
201805	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	5
201805	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	1
201805	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	21
201805	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	2
201805	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	9
201805	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	46
201805	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	31
201805	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	20
201805	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	43
201805	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	6
201805	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5
201805	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4862
201805	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1314
201805	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	534
201805	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1
201805	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	1012
201805	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	142
201805	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3479
201805	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	502
201805	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	22
201805	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	463
201805	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201805	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	10
201805	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201805	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201805	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	3
201805	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201805	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	34
201805	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	154
201805	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	28
201805	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	430
201805	CLOS	491	RECEIPT OF EARNED INCOME	251
201805	CLOS	491	RECEIPT OF EARNED INCOME	49
201805	CLOS	491	RECEIPT OF EARNED INCOME	636
201805	CLOS	492	UNEARNED INCOME HAS INCREASED	130
201805	CLOS	492	UNEARNED INCOME HAS INCREASED	13
201805	CLOS	492	UNEARNED INCOME HAS INCREASED	114
201805	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201805	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201805	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	77
201805	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	8
201805	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	89
201805	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	6
201805	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	47
201805	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	17
201805	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	21
201805	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	57
201805	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	6
201805	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201805	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201805	CLOS	501	INCOME OF BROTHER OR SISTER	3
201805	CLOS	501	INCOME OF BROTHER OR SISTER	43
201805	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	18
201805	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201805	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201805	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201805	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201805	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201805	CLOS	512	ACCOUNT TRANSFER TO FHK	4

201805	CLOS	512	ACCOUNT TRANSFER TO FHK	2
201805	CLOS	514	ACCOUNT TRANSFER TO FFM	155
201805	CLOS	514	ACCOUNT TRANSFER TO FFM	20
201805	CLOS	514	ACCOUNT TRANSFER TO FFM	504
201805	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	273
201805	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	5
201805	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	32
201805	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	2056
201805	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	101
201805	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	35027
201805	CLOS	521	REOPENED CASE CLOSED IN ERROR	7
201805	CLOS	521	REOPENED CASE CLOSED IN ERROR	6
201805	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201805	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201805	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201805	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201805	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201805	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	43
201805	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	6
201805	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7684
201805	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	96
201805	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	6
201805	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	81
201805	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	9
201805	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3302
201805	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	21
201805	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	1
201805	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	3
201805	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	933
201805	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	90
201805	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	6885
201805	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	137
201805	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201805	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	128
201805	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	20
201805	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	1927
201805	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	77
201805	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	2
201805	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	30
201805	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	5
201805	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	49
201805	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	76
201805	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	14
201805	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201805	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201805	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	36509
201805	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1179
201805	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	70
201805	CLOS	591	CHILD PLACED BACK IN HOME	1
201805	CLOS	591	CHILD PLACED BACK IN HOME	166
201805	CLOS	591	CHILD PLACED BACK IN HOME	23
201805	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201805	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	2
201805	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	42
201805	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201805	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201805	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	57
201805	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	9
201805	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	5
201805	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	47
201805	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201805	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201805	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	17
201805	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201805	CLOS	805	YOU DID NOT REPORT VETERAN'S ADMINISTRATION BENEFITS RECEIVED BY A MEMBER	1
201805	CLOS	806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER	1
201805	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	2
201805	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	1
201805	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	1
201805	CLOS	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	2
201805	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201805	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	10
201805	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201805	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201805	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	2
201805	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	3
201805	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201805	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201805	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201805	CLOS	839	TRANSFER IN FROM ANOTHER STATE IHE WITH CLAIM	1
201805	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	21
201805	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201805	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	12
201805	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	7
201805	CLOS	856	WE FAILED TO FOLLOW-UP ON ANTICIPATED CHANGES	2
201805	CLOS	857	REPORTED INFO WAS DISREGARDED OR NOT ACTED ON TIMELY	1
201805	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201805	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	2
201805	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201805	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201805	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1

201805	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	8
201805	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201805	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	10
201805	CLOS	952	REPLACEMENT OF FOOD STAMPS INTERCEPTED AS A RESULT OF EBT	1
201805	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	26
201805	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	8
201805	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201805	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	4
201805	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	20
201805	CLOS	977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	1
201805	CLOS	977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	2
201805	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201805	CLOS	980	RETURNED MAIL	1
201805	CLOS	980	RETURNED MAIL	2
201806	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201806	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201806	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	629910
201806	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	241
201806	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	19589
201806	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2100
201806	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	16568
201806	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	16
201806	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	65
201806	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201806	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	63061
201806	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	194
201806	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	10
201806	APPL	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	1
201806	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	8058
201806	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	363
201806	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	9
201806	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	5
201806	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	12
201806	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	5
201806	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201806	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	83
201806	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	31
201806	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	22
201806	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201806	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	339
201806	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	344
201806	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	70
201806	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	75273
201806	APPL	096	YOU HAVE REQUESTED A HEARING	9
201806	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	8
201806	APPL	099	THE ASSISTANCE GROUP HAS MOVED	1
201806	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	2
201806	APPL	110	DECREASE/LOSS OF EARNED INCOME	582
201806	APPL	111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201806	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	150
201806	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201806	APPL	125	PROVISIONAL MEDICAID APPROVED	109
201806	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	32
201806	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	40
201806	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	31
201806	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8193
201806	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	67
201806	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	467
201806	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	87
201806	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	148
201806	APPL	165	CALL ABOUT THE $1000 SEVERANCE BENEFIT	1
201806	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	40
201806	APPL	170	YOU ARE NOT AGE 65 OR OLDER	76
201806	APPL	171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	2
201806	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	3
201806	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	18
201806	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	6
201806	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	3
201806	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201806	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1904
201806	APPL	179	FINANCIAL CONSENT WAS REVOKED	263
201806	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201806	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201806	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	5
201806	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	717
201806	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	6225
201806	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	807
201806	APPL	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201806	APPL	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201806	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	265
201806	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	10
201806	APPL	218	CHANGE IN FOOD STAMP BENEFITS	51
201806	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	652
201806	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5681
201806	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	37083
201806	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1514
201806	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	286
201806	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	51
201806	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201806	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	4
201806	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	352

201806	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	15266
201806	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	9
201806	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201806	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	135
201806	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	52
201806	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2361
201806	APPL	257	RELOCATION ASSISTANCE APPROVED	2
201806	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	8
201806	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	25
201806	APPL	262	FAILURE TO MEET SHARE OF COST	6
201806	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	134
201806	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	4
201806	APPL	267	INELIGIBLE DUE TO INCARCERATION	7
201806	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	74
201806	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	50
201806	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201806	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201806	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	5
201806	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	2
201806	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	78
201806	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	8
201806	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1615
201806	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	40
201806	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1378
201806	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	3
201806	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4044
201806	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201806	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	131
201806	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	8
201806	APPL	306	FAILED TO MEET FTP ASSET LIMIT	1
201806	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	3
201806	APPL	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201806	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	11
201806	APPL	341	PARENT NOT INCAPACITED ANYMORE	4
201806	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2424
201806	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	6
201806	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1542
201806	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	41
201806	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	23
201806	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	330
201806	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	34
201806	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	37
201806	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	250
201806	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	157
201806	APPL	354	YOU DID NOT VERIFY DISABILITY	19
201806	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	61
201806	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	84
201806	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	13
201806	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	310
201806	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	6
201806	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2807
201806	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4255
201806	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	10
201806	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	79
201806	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	69
201806	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1389
201806	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	79
201806	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201806	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	21
201806	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3158
201806	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	56
201806	APPL	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201806	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	17
201806	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	68431
201806	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4341
201806	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	27
201806	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	676
201806	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201806	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	37
201806	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	98
201806	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	261
201806	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	53
201806	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	199
201806	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2149
201806	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	104
201806	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	61
201806	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	70
201806	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	9
201806	APPL	389	WITHDRAWN - NO NOTICE GENERATED	134
201806	APPL	391	NO APPROPRIATE PLACEMENT	67
201806	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	887
201806	APPL	403	CHILD AGE 19 OR OLDER	9
201806	APPL	404	CHILD AGE 21 OR OLDER	4
201806	APPL	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	1
201806	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	35
201806	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201806	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	359
201806	APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	2
201806	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201806	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201806	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	6

201806	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201806	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	9
201806	APPL	421	ELIGIBLE CHILD HAS TURNED 18	13
201806	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	3
201806	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	25
201806	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	10
201806	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	2
201806	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	6
201806	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	75
201806	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1896
201806	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	7
201806	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	190
201806	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	62
201806	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	31
201806	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	7
201806	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201806	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	10
201806	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	2
201806	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	5
201806	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	1
201806	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	6
201806	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	4
201806	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	47
201806	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	279
201806	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	57
201806	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	3
201806	APPL	461	CHILD(REN) ADDED AT ZERO BENEFIT	3
201806	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4216
201806	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1029
201806	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	423
201806	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	12332
201806	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	6080
201806	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201806	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	4
201806	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201806	APPL	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201806	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1635
201806	APPL	491	RECEIPT OF EARNED INCOME	1725
201806	APPL	492	UNEARNED INCOME HAS INCREASED	2558
201806	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	51
201806	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	141
201806	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	27
201806	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	2
201806	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	127
201806	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	115
201806	APPL	499	RECEIPT OF VETERANS BENEFITS	2
201806	APPL	501	INCOME OF BROTHER OR SISTER	1
201806	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201806	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	2
201806	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	41
201806	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	31
201806	APPL	512	ACCOUNT TRANSFER TO FHK	33
201806	APPL	514	ACCOUNT TRANSFER TO FFM	59758
201806	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	26823
201806	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	237
201806	APPL	521	REOPENED CASE CLOSED IN ERROR	11
201806	APPL	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201806	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	159
201806	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	42
201806	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	105
201806	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	22161
201806	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	19
201806	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	33470
201806	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201806	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	315
201806	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201806	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	124
201806	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	6
201806	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	759
201806	APPL	591	CHILD PLACED BACK IN HOME	1
201806	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	14
201806	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201806	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201806	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	6
201806	APPL	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201806	APPL	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201806	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	2
201806	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201806	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201806	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	18
201806	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	17
201806	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201806	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201806	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	2
201806	CLOS	048	ALL ASSISTANCE GROUP MEMBERS RECEIVE TEMPORARY CASH ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI)	1
201806	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201806	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	3
201806	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	16
201806	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	33
201806	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	3
201806	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	2

201806	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7
201806	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	4
201806	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	2
201806	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	126
201806	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	30
201806	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201806	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	10
201806	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	41
201806	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	9
201806	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201806	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201806	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	20
201806	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	7
201806	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	17
201806	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	7
201806	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	34
201806	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201806	CLOS	096	YOU HAVE REQUESTED A HEARING	1
201806	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201806	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201806	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	684
201806	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	110
201806	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	38
201806	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	6
201806	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	8
201806	CLOS	110	DECREASE/LOSS OF EARNED INCOME	163
201806	CLOS	110	DECREASE/LOSS OF EARNED INCOME	1
201806	CLOS	110	DECREASE/LOSS OF EARNED INCOME	25
201806	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201806	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	10
201806	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	3
201806	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201806	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201806	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201806	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201806	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	1
201806	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	17
201806	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	2
201806	CLOS	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201806	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	7
201806	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	16
201806	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	4
201806	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201806	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	53
201806	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	199
201806	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	578
201806	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201806	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	16
201806	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201806	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2
201806	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	4
201806	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	57
201806	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201806	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	2
201806	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	13
201806	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	205
201806	CLOS	179	FINANCIAL CONSENT WAS REVOKED	103
201806	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	2
201806	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	8
201806	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	1
201806	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201806	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201806	CLOS	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201806	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	117
201806	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	495
201806	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	43
201806	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	123
201806	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3483
201806	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3571
201806	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	18
201806	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	3
201806	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	14
201806	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	99
201806	CLOS	201	NO CHILD SUPPORT DISREGARD	1
201806	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	20
201806	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	7
201806	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201806	CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	1
201806	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	59
201806	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1000
201806	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	34609
201806	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1531
201806	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	21
201806	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1
201806	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	20
201806	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	907
201806	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5657
201806	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	41
201806	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	16
201806	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201806	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1

201806	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	208
201806	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	72
201806	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201806	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	10
201806	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201806	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201806	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201806	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	12
201806	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	27
201806	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	135569
201806	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	209
201806	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	3
201806	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	54
201806	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	801
201806	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	41771
201806	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	46
201806	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201806	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201806	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201806	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1741
201806	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	400
201806	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	39
201806	CLOS	257	RELOCATION ASSISTANCE APPROVED	3
201806	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201806	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	2
201806	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201806	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201806	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	76
201806	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	21
201806	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	38
201806	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201806	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201806	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	2
201806	CLOS	267	INELIGIBLE DUE TO INCARCERATION	12
201806	CLOS	267	INELIGIBLE DUE TO INCARCERATION	139
201806	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	66
201806	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	48
201806	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	11
201806	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	3
201806	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	12
201806	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	179
201806	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201806	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	10
201806	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	56
201806	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	297
201806	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201806	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201806	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	9
201806	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	39
201806	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	17
201806	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	8
201806	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	3
201806	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1
201806	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201806	CLOS	285	HURRICANE KATRINA EVACUEE	1
201806	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	912
201806	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201806	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	40
201806	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	2
201806	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	767
201806	CLOS	302	INELIGIBILITY CONTINUES DUE TO IMPROPER TRANSFER OF ASSETS	1
201806	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	16
201806	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	2
201806	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	15
201806	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	6
201806	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	4
201806	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	4
201806	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	10
201806	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201806	CLOS	335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	1
201806	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	2
201806	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201806	CLOS	342	PARENT DID NOT PROVE INCAPACITY	1
201806	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	69
201806	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	38
201806	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	77
201806	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	3
201806	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	23
201806	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201806	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	43
201806	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4457
201806	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	205
201806	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2303
201806	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	42
201806	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	1
201806	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3057
201806	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	36
201806	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	2
201806	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	24
201806	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	74
201806	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	13

201806	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	462
201806	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1077
201806	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	2
201806	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	50
201806	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	13
201806	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	1
201806	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	18
201806	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	148
201806	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	1
201806	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	14
201806	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	14
201806	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	68
201806	CLOS	354	YOU DID NOT VERIFY DISABILITY	3
201806	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201806	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	12
201806	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	1
201806	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	81
201806	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	124
201806	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	17
201806	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	142
201806	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	37
201806	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	1
201806	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	261
201806	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	9039
201806	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	38
201806	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1155
201806	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201806	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201806	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	194
201806	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	191
201806	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	24
201806	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3
201806	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	40
201806	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	104
201806	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201806	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201806	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	11
201806	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	10
201806	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	25
201806	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	47
201806	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	8
201806	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	2
201806	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	17
201806	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	137
201806	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	8
201806	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3
201806	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3
201806	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201806	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201806	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	129
201806	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2
201806	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	21
201806	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3645
201806	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	802
201806	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	230
201806	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	43
201806	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	1
201806	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	39
201806	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	490
201806	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	9
201806	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	7697
201806	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8406
201806	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	150
201806	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4
201806	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	103
201806	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	174
201806	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	129
201806	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	48
201806	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	9
201806	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	5
201806	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	64
201806	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	142
201806	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201806	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	114
201806	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	15
201806	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	938
201806	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	1
201806	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	36
201806	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	1
201806	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	133
201806	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	197
201806	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	1
201806	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	51
201806	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	557
201806	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	19
201806	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5458
201806	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2460
201806	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	31
201806	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	305
201806	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	452
201806	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	38

201806	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2932
201806	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	627
201806	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	2
201806	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	106
201806	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	148
201806	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	32
201806	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	845
201806	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	6
201806	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	1
201806	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	100
201806	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	2
201806	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	303
201806	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	2
201806	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	1
201806	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	1
201806	CLOS	391	NO APPROPRIATE PLACEMENT	6
201806	CLOS	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT	1
201806	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	144
201806	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	181
201806	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	2
201806	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201806	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	1
201806	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	83
201806	CLOS	403	CHILD AGE 19 OR OLDER	55
201806	CLOS	403	CHILD AGE 19 OR OLDER	218
201806	CLOS	403	CHILD AGE 19 OR OLDER	3
201806	CLOS	404	CHILD AGE 21 OR OLDER	3
201806	CLOS	404	CHILD AGE 21 OR OLDER	51
201806	CLOS	404	CHILD AGE 21 OR OLDER	624
201806	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	5
201806	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	7
201806	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	4
201806	CLOS	410	CHILD HAS BEEN ADOPTED	16
201806	CLOS	410	CHILD HAS BEEN ADOPTED	28
201806	CLOS	410	CHILD HAS BEEN ADOPTED	44
201806	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201806	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	79
201806	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	3
201806	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	4
201806	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	6
201806	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	5
201806	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	44
201806	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	4
201806	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	177
201806	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201806	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201806	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	8
201806	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	10
201806	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	58
201806	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	144
201806	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	2
201806	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	2
201806	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201806	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	418
201806	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	29
201806	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	5
201806	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	1
201806	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	3
201806	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	17
201806	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	647
201806	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	159
201806	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	3
201806	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	1
201806	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	4
201806	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	2
201806	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	2
201806	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	3
201806	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1
201806	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	3
201806	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	2
201806	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201806	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201806	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	2
201806	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	3
201806	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS	1
201806	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	1
201806	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	10
201806	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	912
201806	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	17
201806	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	40
201806	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	2
201806	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	2
201806	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	24
201806	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	1
201806	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	2
201806	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	50
201806	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	8
201806	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	30
201806	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	35
201806	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	4
201806	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	26

201806	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	6
201806	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5346
201806	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1301
201806	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1
201806	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	567
201806	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	77
201806	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	793
201806	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	2971
201806	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	433
201806	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	457
201806	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	41
201806	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201806	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6
201806	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201806	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	13
201806	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	39
201806	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	124
201806	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	19
201806	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	381
201806	CLOS	491	RECEIPT OF EARNED INCOME	271
201806	CLOS	491	RECEIPT OF EARNED INCOME	37
201806	CLOS	491	RECEIPT OF EARNED INCOME	636
201806	CLOS	492	UNEARNED INCOME HAS INCREASED	110
201806	CLOS	492	UNEARNED INCOME HAS INCREASED	5
201806	CLOS	492	UNEARNED INCOME HAS INCREASED	119
201806	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	2
201806	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	5
201806	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	104
201806	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	10
201806	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	94
201806	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201806	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	29
201806	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	3
201806	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	11
201806	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	23
201806	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	4
201806	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	34
201806	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201806	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201806	CLOS	500	INCREASE IN VETERANS BENEFITS	2
201806	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201806	CLOS	501	INCOME OF BROTHER OR SISTER	47
201806	CLOS	501	INCOME OF BROTHER OR SISTER	4
201806	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201806	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	17
201806	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201806	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201806	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	2
201806	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201806	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201806	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201806	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201806	CLOS	514	ACCOUNT TRANSFER TO FFM	145
201806	CLOS	514	ACCOUNT TRANSFER TO FFM	19
201806	CLOS	514	ACCOUNT TRANSFER TO FFM	372
201806	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	143
201806	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	3
201806	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	28
201806	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	589
201806	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	54
201806	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	35908
201806	CLOS	521	REOPENED CASE CLOSED IN ERROR	5
201806	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201806	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201806	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201806	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	48
201806	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7
201806	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7190
201806	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	53
201806	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	3
201806	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	14
201806	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	88
201806	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	11
201806	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3115
201806	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	29
201806	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	1
201806	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	6
201806	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	809
201806	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	89
201806	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	6366
201806	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	133
201806	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	2
201806	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	131
201806	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	13
201806	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2028
201806	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	75
201806	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	8
201806	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	21
201806	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	5
201806	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	42
201806	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	40

201806	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	11
201806	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201806	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201806	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	33911
201806	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	778
201806	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	78
201806	CLOS	591	CHILD PLACED BACK IN HOME	2
201806	CLOS	591	CHILD PLACED BACK IN HOME	151
201806	CLOS	591	CHILD PLACED BACK IN HOME	18
201806	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	55
201806	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	2
201806	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	6
201806	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	66
201806	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	2
201806	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201806	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201806	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	36
201806	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	7
201806	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	13
201806	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201806	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201806	CLOS	804	YOU DID NOT REPORT SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED BY A MEMBER	1
201806	CLOS	806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER	1
201806	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	1
201806	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201806	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201806	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	1
201806	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201806	CLOS	842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	1
201806	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201806	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201806	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	13
201806	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	4
201806	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201806	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201806	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201806	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201806	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201806	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201806	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201806	CLOS	886	You under-reported the income of a household member.	1
201806	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201806	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	9
201806	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	7
201806	CLOS	955	ASYLUM ASSISTANCE FOR INDIVIDUALS	1
201806	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	17
201806	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	12
201806	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201806	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201806	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	7
201806	CLOS	984	CHILD REMOVED FROM HOME BY COURT ORDER	1
201807	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201807	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201807	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	710928
201807	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	267
201807	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	21473
201807	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2121
201807	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	17670
201807	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	17
201807	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	53
201807	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201807	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	69044
201807	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	198
201807	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	8
201807	APPL	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	2
201807	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	8892
201807	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	383
201807	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	13
201807	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	6
201807	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	12
201807	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	12
201807	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	72
201807	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	9
201807	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	18
201807	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	4
201807	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	353
201807	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	312
201807	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	76
201807	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	82965
201807	APPL	096	YOU HAVE REQUESTED A HEARING	9
201807	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	5
201807	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201807	APPL	099	THE ASSISTANCE GROUP HAS MOVED	12
201807	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201807	APPL	110	DECREASE/LOSS OF EARNED INCOME	607
201807	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	177
201807	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201807	APPL	125	PROVISIONAL MEDICAID APPROVED	116
201807	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	37
201807	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	35
201807	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	36

201807	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	7787
201807	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	72
201807	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	624
201807	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	77
201807	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201807	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	207
201807	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	25
201807	APPL	170	YOU ARE NOT AGE 65 OR OLDER	72
201807	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	6
201807	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	11
201807	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201807	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1938
201807	APPL	179	FINANCIAL CONSENT WAS REVOKED	241
201807	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201807	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201807	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	875
201807	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	7052
201807	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	3
201807	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1044
201807	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	251
201807	APPL	201	NO CHILD SUPPORT DISREGARD	1
201807	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201807	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	3
201807	APPL	218	CHANGE IN FOOD STAMP BENEFITS	80
201807	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	659
201807	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	6304
201807	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	41980
201807	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1744
201807	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	298
201807	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	90
201807	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201807	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	335
201807	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	15203
201807	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201807	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	2
201807	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	162
201807	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	24
201807	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2625
201807	APPL	257	RELOCATION ASSISTANCE APPROVED	3
201807	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201807	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201807	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	32
201807	APPL	262	FAILURE TO MEET SHARE OF COST	4
201807	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	80
201807	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	18
201807	APPL	267	INELIGIBLE DUE TO INCARCERATION	11
201807	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	15
201807	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	40
201807	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	5
201807	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	2
201807	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	9
201807	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201807	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201807	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	2
201807	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	105
201807	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	21
201807	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1941
201807	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	22
201807	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1402
201807	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201807	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4181
201807	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201807	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	154
201807	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	12
201807	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	7
201807	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	12
201807	APPL	341	PARENT NOT INCAPACITED ANYMORE	6
201807	APPL	342	PARENT DID NOT PROVE INCAPACITY	1
201807	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2285
201807	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	2
201807	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	12
201807	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1637
201807	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	37
201807	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	26
201807	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	386
201807	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	34
201807	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	47
201807	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	235
201807	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	256
201807	APPL	354	YOU DID NOT VERIFY DISABILITY	42
201807	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	40
201807	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	74
201807	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	10
201807	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	270
201807	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201807	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2858
201807	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5049
201807	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	7
201807	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	47
201807	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	61
201807	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1570

201807	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	90
201807	APPL	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	3
201807	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2
201807	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	20
201807	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3481
201807	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	65
201807	APPL	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201807	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	21
201807	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	73740
201807	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4619
201807	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	22
201807	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	820
201807	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	3
201807	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	38
201807	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	113
201807	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	229
201807	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	55
201807	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	190
201807	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2153
201807	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	94
201807	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	52
201807	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	91
201807	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	2
201807	APPL	389	WITHDRAWN - NO NOTICE GENERATED	131
201807	APPL	391	NO APPROPRIATE PLACEMENT	70
201807	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	913
201807	APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201807	APPL	403	CHILD AGE 19 OR OLDER	12
201807	APPL	404	CHILD AGE 21 OR OLDER	11
201807	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201807	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	44
201807	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	413
201807	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	4
201807	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201807	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	5
201807	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201807	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	19
201807	APPL	421	ELIGIBLE CHILD HAS TURNED 18	28
201807	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	2
201807	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	15
201807	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	16
201807	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201807	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	7
201807	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	83
201807	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2360
201807	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8
201807	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	243
201807	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	67
201807	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	35
201807	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	7
201807	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201807	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	6
201807	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	3
201807	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	3
201807	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	6
201807	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201807	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201807	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	66
201807	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	237
201807	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	68
201807	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4427
201807	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1099
201807	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	407
201807	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	13309
201807	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	7704
201807	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201807	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	7
201807	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	12
201807	APPL	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201807	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1826
201807	APPL	491	RECEIPT OF EARNED INCOME	2219
201807	APPL	492	UNEARNED INCOME HAS INCREASED	3002
201807	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	56
201807	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	158
201807	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	38
201807	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201807	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	106
201807	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	115
201807	APPL	499	RECEIPT OF VETERANS BENEFITS	2
201807	APPL	500	INCREASE IN VETERANS BENEFITS	1
201807	APPL	501	INCOME OF BROTHER OR SISTER	4
201807	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201807	APPL	505	DEEMED INCOME OF A SPOUSE	1
201807	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	45
201807	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	36
201807	APPL	512	ACCOUNT TRANSFER TO FHK	26
201807	APPL	514	ACCOUNT TRANSFER TO FFM	63405
201807	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	27668
201807	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	291
201807	APPL	521	REOPENED CASE CLOSED IN ERROR	12
201807	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	166

201807	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	40
201807	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	82
201807	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	28746
201807	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	24
201807	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	39797
201807	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	6
201807	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	237
201807	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201807	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	183
201807	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	7
201807	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	576
201807	APPL	591	CHILD PLACED BACK IN HOME	3
201807	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	21
201807	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	2
201807	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201807	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	11
201807	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201807	APPL	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201807	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	2
201807	APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201807	APPL	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	1
201807	APPL	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201807	APPL	958	RETROACTIVE BENEFIT	2
201807	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	7
201807	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	2
201807	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	18
201807	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	1
201807	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	20
201807	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201807	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1
201807	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201807	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	3
201807	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201807	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	14
201807	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	26
201807	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201807	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	3
201807	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9
201807	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	2
201807	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	3
201807	CLOS	057	RELOCATION ASSISTANCE APPROVED	3
201807	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	2
201807	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	118
201807	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	2
201807	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	19
201807	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	5
201807	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	2
201807	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201807	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	27
201807	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201807	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201807	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201807	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	16
201807	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	14
201807	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	22
201807	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	3
201807	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	38
201807	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	703
201807	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	61
201807	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	54
201807	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	7
201807	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	22
201807	CLOS	110	DECREASE/LOSS OF EARNED INCOME	139
201807	CLOS	110	DECREASE/LOSS OF EARNED INCOME	3
201807	CLOS	110	DECREASE/LOSS OF EARNED INCOME	37
201807	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201807	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	13
201807	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201807	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	3
201807	CLOS	125	PROVISIONAL MEDICAID APPROVED	3
201807	CLOS	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	1
201807	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	5
201807	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201807	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	11
201807	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	3
201807	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	2
201807	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	24
201807	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201807	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201807	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201807	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	502
201807	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	351
201807	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	55
201807	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	11
201807	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	10
201807	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	1
201807	CLOS	171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201807	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	5
201807	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	33
201807	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201807	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	6

201807	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	20
201807	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2
201807	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	213
201807	CLOS	179	FINANCIAL CONSENT WAS REVOKED	135
201807	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201807	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	8
201807	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	3
201807	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201807	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201807	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	5
201807	CLOS	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201807	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	579
201807	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	57
201807	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	96
201807	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3911
201807	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	134
201807	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3956
201807	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	2
201807	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	20
201807	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	107
201807	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	22
201807	CLOS	201	NO CHILD SUPPORT DISREGARD	1
201807	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201807	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	14
201807	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	5
201807	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201807	CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	1
201807	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	3
201807	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	2
201807	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	38492
201807	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1239
201807	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	165
201807	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	15
201807	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1547
201807	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5590
201807	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1376
201807	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	47
201807	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201807	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	19
201807	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	59
201807	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	207
201807	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	76
201807	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	2
201807	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	8
201807	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201807	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201807	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201807	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	24
201807	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	196709
201807	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	221
201807	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	25
201807	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	34
201807	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	779
201807	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	52553
201807	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	88
201807	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201807	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201807	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201807	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201807	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201807	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	402
201807	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	25
201807	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1817
201807	CLOS	257	RELOCATION ASSISTANCE APPROVED	6
201807	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201807	CLOS	259	REPAYMENT OF RELOCATION BENEFIT IS MORE THAN TEMPORARY CASH	1
201807	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	3
201807	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1
201807	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201807	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	85
201807	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	15
201807	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	21
201807	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201807	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	3
201807	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201807	CLOS	267	INELIGIBLE DUE TO INCARCERATION	7
201807	CLOS	267	INELIGIBLE DUE TO INCARCERATION	1
201807	CLOS	267	INELIGIBLE DUE TO INCARCERATION	169
201807	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	70
201807	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	2
201807	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	68
201807	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	17
201807	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1
201807	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	5
201807	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	190
201807	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201807	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	16
201807	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	5
201807	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	54
201807	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	288
201807	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	9

201807	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	8
201807	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	2
201807	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	53
201807	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4
201807	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	2
201807	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201807	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201807	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3
201807	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	2
201807	CLOS	285	HURRICANE KATRINA EVACUEE	2
201807	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1921
201807	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	8
201807	CLOS	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201807	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	778
201807	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	48
201807	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1
201807	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	2
201807	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	11
201807	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	27
201807	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	5
201807	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	12
201807	CLOS	319	WITHDRAWN - MCI LINK ERROR	1
201807	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	6
201807	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	11
201807	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201807	CLOS	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201807	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	3
201807	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201807	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	74
201807	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	46
201807	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	74
201807	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	3
201807	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	5
201807	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4802
201807	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2432
201807	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	241
201807	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2
201807	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	50
201807	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3467
201807	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	21
201807	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	28
201807	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	48
201807	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	13
201807	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	484
201807	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1097
201807	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1
201807	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	30
201807	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	10
201807	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	3
201807	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	10
201807	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	138
201807	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	1
201807	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	31
201807	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	10
201807	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	120
201807	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201807	CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201807	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	18
201807	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	2
201807	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	69
201807	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	137
201807	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	30
201807	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	144
201807	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	26
201807	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	266
201807	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	11356
201807	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1119
201807	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	71
201807	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	4
201807	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201807	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	203
201807	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	229
201807	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	21
201807	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	10
201807	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	74
201807	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	130
201807	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	8
201807	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201807	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	1
201807	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	6
201807	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	10
201807	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	28
201807	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	27
201807	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	3
201807	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201807	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	34
201807	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	145
201807	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	8
201807	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3
201807	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3
201807	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1

201807	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	126
201807	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4434
201807	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	18
201807	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	240
201807	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	23
201807	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	797
201807	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	478
201807	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	1
201807	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	39
201807	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201807	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	9
201807	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	6
201807	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8513
201807	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	140
201807	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	9409
201807	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	211
201807	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	11
201807	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	117
201807	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	78
201807	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	3
201807	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	189
201807	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	137
201807	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	66
201807	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201807	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201807	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	947
201807	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	105
201807	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	20
201807	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	3
201807	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	9
201807	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	132
201807	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	26
201807	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	1
201807	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	54
201807	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	179
201807	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5218
201807	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	495
201807	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	10
201807	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	22
201807	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	338
201807	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2775
201807	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2889
201807	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	577
201807	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	38
201807	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	6
201807	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	114
201807	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	760
201807	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1178
201807	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	106
201807	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	31
201807	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201807	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	301
201807	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	4
201807	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	98
201807	CLOS	390	FAILED DUE TO EMPLOYMENT HOURS	2
201807	CLOS	391	NO APPROPRIATE PLACEMENT	9
201807	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	186
201807	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	138
201807	CLOS	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201807	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	91
201807	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	6
201807	CLOS	403	CHILD AGE 19 OR OLDER	307
201807	CLOS	403	CHILD AGE 19 OR OLDER	3
201807	CLOS	403	CHILD AGE 19 OR OLDER	79
201807	CLOS	404	CHILD AGE 21 OR OLDER	720
201807	CLOS	404	CHILD AGE 21 OR OLDER	2
201807	CLOS	404	CHILD AGE 21 OR OLDER	75
201807	CLOS	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	1
201807	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1
201807	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	4
201807	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	10
201807	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	6
201807	CLOS	410	CHILD HAS BEEN ADOPTED	16
201807	CLOS	410	CHILD HAS BEEN ADOPTED	50
201807	CLOS	410	CHILD HAS BEEN ADOPTED	33
201807	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201807	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201807	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	93
201807	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	3
201807	CLOS	418	HEARING APPEAL HAS BEEN DENIED	1
201807	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	4
201807	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	3
201807	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	222
201807	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	64
201807	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	2
201807	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	4
201807	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	2
201807	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	2
201807	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	6
201807	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	154
201807	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	62

201807	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	2
201807	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201807	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	38
201807	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	1
201807	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	498
201807	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	14
201807	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	2
201807	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	171
201807	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1
201807	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	724
201807	CLOS	434	RESERVED	2
201807	CLOS	435	RESERVED	1
201807	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201807	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	5
201807	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	1
201807	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	2
201807	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	2
201807	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	2
201807	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	1
201807	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	3
201807	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201807	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	2
201807	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	9
201807	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	791
201807	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	27
201807	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	5
201807	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	4
201807	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	32
201807	CLOS	457	RELOCATION ASSISTANCE HAS BEEN DENIED	1
201807	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	34
201807	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	45
201807	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	8
201807	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	8
201807	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	47
201807	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	27
201807	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5251
201807	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7
201807	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	1
201807	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1
201807	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1354
201807	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	585
201807	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	899
201807	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	103
201807	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3130
201807	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	450
201807	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	27
201807	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	425
201807	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	3
201807	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	8
201807	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	11
201807	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201807	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	47
201807	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201807	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	466
201807	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	153
201807	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	26
201807	CLOS	491	RECEIPT OF EARNED INCOME	38
201807	CLOS	491	RECEIPT OF EARNED INCOME	560
201807	CLOS	491	RECEIPT OF EARNED INCOME	196
201807	CLOS	492	UNEARNED INCOME HAS INCREASED	213
201807	CLOS	492	UNEARNED INCOME HAS INCREASED	134
201807	CLOS	492	UNEARNED INCOME HAS INCREASED	24
201807	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201807	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201807	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	72
201807	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	79
201807	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	7
201807	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	17
201807	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	13
201807	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	13
201807	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	42
201807	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	6
201807	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201807	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201807	CLOS	501	INCOME OF BROTHER OR SISTER	4
201807	CLOS	501	INCOME OF BROTHER OR SISTER	49
201807	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	16
201807	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201807	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201807	CLOS	505	DEEMED INCOME OF A SPOUSE	1
201807	CLOS	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	1
201807	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201807	CLOS	512	ACCOUNT TRANSFER TO FHK	4
201807	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201807	CLOS	514	ACCOUNT TRANSFER TO FFM	173
201807	CLOS	514	ACCOUNT TRANSFER TO FFM	13
201807	CLOS	514	ACCOUNT TRANSFER TO FFM	372
201807	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	134
201807	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	2
201807	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	9
201807	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	695

201807	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	37
201807	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	39721
201807	CLOS	521	REOPENED CASE CLOSED IN ERROR	13
201807	CLOS	521	REOPENED CASE CLOSED IN ERROR	3
201807	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201807	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	3
201807	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201807	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7255
201807	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	37
201807	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	13
201807	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	5
201807	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	65
201807	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	4502
201807	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	90
201807	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	5
201807	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	2
201807	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	2
201807	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	28
201807	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7639
201807	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	894
201807	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	55
201807	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	9
201807	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	127
201807	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2119
201807	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	114
201807	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	13
201807	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	10
201807	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	57
201807	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	53
201807	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	10
201807	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3
201807	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	83
201807	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201807	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201807	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	548
201807	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	66
201807	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	35221
201807	CLOS	591	CHILD PLACED BACK IN HOME	12
201807	CLOS	591	CHILD PLACED BACK IN HOME	1
201807	CLOS	591	CHILD PLACED BACK IN HOME	134
201807	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201807	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201807	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	78
201807	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201807	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	72
201807	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201807	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201807	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201807	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	43
201807	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	4
201807	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201807	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	13
201807	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201807	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	1
201807	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	3
201807	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201807	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	1
201807	CLOS	815	YOU DID NOT REPORT INCOME RECEIVED BY A STEPPARENT	1
201807	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	4
201807	CLOS	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	1
201807	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201807	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201807	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201807	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	2
201807	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201807	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	22
201807	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201807	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	13
201807	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	1
201807	CLOS	869	YOU DIDN'T REPORT BEING CONVICTED OF DRUG TRAFFICKING (FELONY)	7
201807	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201807	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	4
201807	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	4
201807	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201807	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	12
201807	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	6
201807	CLOS	942	RESTORATION BENEFIT DUE TO HEARING DECISION (NO OFFSET)	1
201807	CLOS	946	WORK FORCE BOARD - TRANSPORTATION	1
201807	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	5
201807	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	6
201807	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201807	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	8
201807	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201807	CLOS	980	RETURNED MAIL	2
201807	CLOS	984	CHILD REMOVED FROM HOME BY COURT ORDER	1
201808	APPL	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201808	APPL	012	STATEWIDE FOOD STAMP INCREASE	56
201808	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	4
201808	APPL	018	CHANGE IN FOOD STAMP BENEFITS	1
201808	APPL	021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	4
201808	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1

201808	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	738837
201808	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	311
201808	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	25396
201808	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2362
201808	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	19583
201808	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	19
201808	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	66
201808	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201808	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	74566
201808	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	216
201808	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	5
201808	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9342
201808	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	354
201808	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	8
201808	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	12
201808	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	8
201808	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	4
201808	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	85
201808	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	23
201808	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	21
201808	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201808	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	357
201808	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	342
201808	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	83
201808	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	85772
201808	APPL	096	YOU HAVE REQUESTED A HEARING	6
201808	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	46
201808	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201808	APPL	099	THE ASSISTANCE GROUP HAS MOVED	2
201808	APPL	110	DECREASE/LOSS OF EARNED INCOME	497
201808	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	110
201808	APPL	125	PROVISIONAL MEDICAID APPROVED	154
201808	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	29
201808	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	51
201808	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	27
201808	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	8213
201808	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	89
201808	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	601
201808	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	71
201808	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201808	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201808	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	210
201808	APPL	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201808	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	45
201808	APPL	170	YOU ARE NOT AGE 65 OR OLDER	85
201808	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	7
201808	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	13
201808	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	5
201808	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	2005
201808	APPL	179	FINANCIAL CONSENT WAS REVOKED	271
201808	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	7
201808	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201808	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	5
201808	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	916
201808	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	7363
201808	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201808	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1066
201808	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201808	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	247
201808	APPL	201	NO CHILD SUPPORT DISREGARD	1
201808	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	2
201808	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	7
201808	APPL	218	CHANGE IN FOOD STAMP BENEFITS	61
201808	APPL	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	1
201808	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	793
201808	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	6814
201808	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	43647
201808	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1851
201808	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	322
201808	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	72
201808	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201808	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201808	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	237
201808	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	16621
201808	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	2
201808	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	165
201808	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	14
201808	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2542
201808	APPL	257	RELOCATION ASSISTANCE APPROVED	5
201808	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201808	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	17
201808	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	23
201808	APPL	262	FAILURE TO MEET SHARE OF COST	7
201808	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	142
201808	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	6
201808	APPL	267	INELIGIBLE DUE TO INCARCERATION	3
201808	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	57
201808	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	68
201808	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201808	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201808	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	2

201808	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201808	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	10
201808	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201808	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	1
201808	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	72
201808	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	9
201808	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1652
201808	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	18
201808	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1339
201808	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4357
201808	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	6
201808	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	140
201808	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	15
201808	APPL	306	FAILED TO MEET FTP ASSET LIMIT	1
201808	APPL	319	WITHDRAWN - MCI LINK ERROR	1
201808	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	8
201808	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	15
201808	APPL	341	PARENT NOT INCAPACITED ANYMORE	1
201808	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2516
201808	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	6
201808	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1961
201808	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	50
201808	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	51
201808	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	434
201808	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	78
201808	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	80
201808	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	253
201808	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	363
201808	APPL	354	YOU DID NOT VERIFY DISABILITY	23
201808	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	32
201808	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	82
201808	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	8
201808	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	316
201808	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	10
201808	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3241
201808	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5082
201808	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	6
201808	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	50
201808	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	63
201808	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1599
201808	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	87
201808	APPL	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201808	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	6
201808	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	19
201808	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3477
201808	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	75
201808	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	42
201808	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	80355
201808	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	5115
201808	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	20
201808	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	980
201808	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201808	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	38
201808	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	109
201808	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	321
201808	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	65
201808	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	303
201808	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2232
201808	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	135
201808	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	70
201808	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	89
201808	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	3
201808	APPL	389	WITHDRAWN - NO NOTICE GENERATED	132
201808	APPL	391	NO APPROPRIATE PLACEMENT	109
201808	APPL	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	2
201808	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	968
201808	APPL	403	CHILD AGE 19 OR OLDER	5
201808	APPL	404	CHILD AGE 21 OR OLDER	10
201808	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	2
201808	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	42
201808	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201808	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	459
201808	APPL	410	CHILD HAS BEEN ADOPTED	7
201808	APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201808	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	2
201808	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201808	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	4
201808	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	18
201808	APPL	421	ELIGIBLE CHILD HAS TURNED 18	27
201808	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201808	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	22
201808	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	11
201808	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	5
201808	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	13
201808	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	96
201808	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2472
201808	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201808	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8
201808	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	249
201808	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	82
201808	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	33

201808	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	2
201808	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201808	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	6
201808	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	12
201808	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	6
201808	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	5
201808	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	2
201808	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	3
201808	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	57
201808	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	257
201808	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	93
201808	APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	2
201808	APPL	461	CHILD(REN) ADDED AT ZERO BENEFIT	2
201808	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4673
201808	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1174
201808	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	526
201808	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	13836
201808	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5763
201808	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201808	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	7
201808	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201808	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1978
201808	APPL	491	RECEIPT OF EARNED INCOME	1719
201808	APPL	492	UNEARNED INCOME HAS INCREASED	2287
201808	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	64
201808	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	132
201808	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	38
201808	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	2
201808	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	96
201808	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	107
201808	APPL	499	RECEIPT OF VETERANS BENEFITS	2
201808	APPL	500	INCREASE IN VETERANS BENEFITS	3
201808	APPL	501	INCOME OF BROTHER OR SISTER	6
201808	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	33
201808	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	48
201808	APPL	512	ACCOUNT TRANSFER TO FHK	39
201808	APPL	514	ACCOUNT TRANSFER TO FFM	70424
201808	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	30447
201808	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	290
201808	APPL	521	REOPENED CASE CLOSED IN ERROR	6
201808	APPL	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201808	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	158
201808	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	47
201808	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	89
201808	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	32454
201808	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	41
201808	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	41512
201808	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201808	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	294
201808	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	247
201808	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201808	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	8
201808	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	678
201808	APPL	591	CHILD PLACED BACK IN HOME	1
201808	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	19
201808	APPL	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	1
201808	APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	6
201808	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201808	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	6
201808	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201808	APPL	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	1
201808	APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201808	APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201808	APPL	880	AUX CREATED IN ERROR(AE)	1
201808	APPL	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201808	APPL	920	REPLACEMENT OF FOOD STAMPS DUE TO HURRICANE RITA	1
201808	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	4
201808	APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201808	APPL	980	RETURNED MAIL	1
201808	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	30
201808	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	22
201808	CLOS	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	1
201808	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	3
201808	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201808	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	5
201808	CLOS	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	1
201808	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1
201808	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201808	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201808	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	11
201808	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	2
201808	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	42
201808	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201808	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	2
201808	CLOS	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	1
201808	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	13
201808	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	2
201808	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201808	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	4
201808	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201808	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	96

201808	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	20
201808	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	7
201808	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	5
201808	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	21
201808	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201808	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201808	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	18
201808	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	12
201808	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	26
201808	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201808	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	37
201808	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	691
201808	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	76
201808	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	34
201808	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	4
201808	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	15
201808	CLOS	110	DECREASE/LOSS OF EARNED INCOME	109
201808	CLOS	110	DECREASE/LOSS OF EARNED INCOME	8
201808	CLOS	110	DECREASE/LOSS OF EARNED INCOME	29
201808	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201808	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	9
201808	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201808	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201808	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201808	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6
201808	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201808	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	7
201808	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	6
201808	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	1
201808	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	19
201808	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201808	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201808	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201808	CLOS	166	REPAYMENT OF SEVERANCE BENEFIT IS MORE THAN CASH AMOUNT	1
201808	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	2
201808	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	2
201808	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	400
201808	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	76
201808	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	651
201808	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	1
201808	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201808	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	9
201808	CLOS	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201808	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2
201808	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	8
201808	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	73
201808	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	4
201808	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201808	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201808	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	3
201808	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	253
201808	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	18
201808	CLOS	179	FINANCIAL CONSENT WAS REVOKED	2
201808	CLOS	179	FINANCIAL CONSENT WAS REVOKED	119
201808	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201808	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201808	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201808	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201808	CLOS	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201808	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	130
201808	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	591
201808	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	50
201808	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	154
201808	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3509
201808	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3873
201808	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	21
201808	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1
201808	CLOS	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201808	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	118
201808	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	22
201808	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	1
201808	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	7
201808	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	11
201808	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	9
201808	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	1
201808	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201808	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201808	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	2
201808	CLOS	221	FAILURE TO SUBMIT YOUR COMPLETED PERIODIC REPORTING FORM	1
201808	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1274
201808	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	48
201808	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	41870
201808	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1455
201808	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	18
201808	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1163
201808	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	25
201808	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5747
201808	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	49
201808	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201808	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	26
201808	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	76

201808	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	1
201808	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	234
201808	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	8
201808	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	1
201808	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	2
201808	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201808	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201808	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201808	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	13
201808	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	125975
201808	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	5
201808	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	208
201808	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	1023
201808	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	42
201808	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	51815
201808	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	100
201808	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	4
201808	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201808	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201808	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	18
201808	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201808	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1799
201808	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	23
201808	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	419
201808	CLOS	257	RELOCATION ASSISTANCE APPROVED	4
201808	CLOS	259	REPAYMENT OF RELOCATION BENEFIT IS MORE THAN TEMPORARY CASH	1
201808	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201808	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201808	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	44
201808	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	109
201808	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	32
201808	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	2
201808	CLOS	267	INELIGIBLE DUE TO INCARCERATION	28
201808	CLOS	267	INELIGIBLE DUE TO INCARCERATION	201
201808	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	89
201808	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	46
201808	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	13
201808	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	3
201808	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	11
201808	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	195
201808	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	5
201808	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	46
201808	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	288
201808	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	19
201808	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201808	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	7
201808	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	54
201808	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4
201808	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	8
201808	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201808	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201808	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201808	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1
201808	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	1
201808	CLOS	285	HURRICANE KATRINA EVACUEE	1
201808	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1219
201808	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	5
201808	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201808	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1
201808	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	47
201808	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	783
201808	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201808	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201808	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	10
201808	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	1
201808	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	11
201808	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	4
201808	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	5
201808	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	16
201808	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201808	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	8
201808	CLOS	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201808	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	4
201808	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	64
201808	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	48
201808	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	82
201808	CLOS	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201808	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	5
201808	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201808	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201808	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	246
201808	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2847
201808	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	5045
201808	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2905
201808	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	44
201808	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3
201808	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	10
201808	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	30
201808	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	619
201808	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	46
201808	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	8

201808	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	2
201808	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	52
201808	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1219
201808	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	8
201808	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	11
201808	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	1
201808	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	4
201808	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	23
201808	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	128
201808	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	164
201808	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	11
201808	CLOS	354	YOU DID NOT VERIFY DISABILITY	4
201808	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	238
201808	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	30
201808	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	4
201808	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	24
201808	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	187
201808	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	187
201808	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	231
201808	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	30
201808	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	1
201808	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	90
201808	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	1052
201808	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	13118
201808	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	4
201808	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201808	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	265
201808	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	32
201808	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	168
201808	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	143
201808	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	5
201808	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	58
201808	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	6
201808	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201808	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201808	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	17
201808	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	9
201808	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	30
201808	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	7
201808	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	32
201808	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	118
201808	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201808	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	17
201808	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	11
201808	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	1
201808	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	11
201808	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	1
201808	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1
201808	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	153
201808	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3905
201808	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	25
201808	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	213
201808	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	31
201808	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	822
201808	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	558
201808	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	5
201808	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	55
201808	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201808	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	13
201808	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	1
201808	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8101
201808	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	122
201808	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8747
201808	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	201
201808	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	10
201808	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	137
201808	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	68
201808	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	9
201808	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	180
201808	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	169
201808	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	4
201808	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	79
201808	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	98
201808	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	32
201808	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	1071
201808	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	5
201808	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	1
201808	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	43
201808	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	144
201808	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	242
201808	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	82
201808	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	6
201808	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	44
201808	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	572
201808	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5919
201808	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2729
201808	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	433
201808	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	30
201808	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	46
201808	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	533
201808	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	3016

201808	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	884
201808	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	284
201808	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	11
201808	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	8
201808	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	205
201808	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1192
201808	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	7
201808	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	1
201808	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	129
201808	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	3
201808	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	280
201808	CLOS	391	NO APPROPRIATE PLACEMENT	13
201808	CLOS	391	NO APPROPRIATE PLACEMENT	2
201808	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT	1
201808	CLOS	393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	1
201808	CLOS	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT	1
201808	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	214
201808	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	172
201808	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	1
201808	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	125
201808	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	4
201808	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201808	CLOS	403	CHILD AGE 19 OR OLDER	73
201808	CLOS	403	CHILD AGE 19 OR OLDER	317
201808	CLOS	403	CHILD AGE 19 OR OLDER	3
201808	CLOS	404	CHILD AGE 21 OR OLDER	9
201808	CLOS	404	CHILD AGE 21 OR OLDER	54
201808	CLOS	404	CHILD AGE 21 OR OLDER	670
201808	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	4
201808	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	14
201808	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	4
201808	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201808	CLOS	410	CHILD HAS BEEN ADOPTED	48
201808	CLOS	410	CHILD HAS BEEN ADOPTED	8
201808	CLOS	410	CHILD HAS BEEN ADOPTED	34
201808	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201808	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	104
201808	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	3
201808	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201808	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	3
201808	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	2
201808	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	193
201808	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	71
201808	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	4
201808	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	2
201808	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201808	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	9
201808	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	8
201808	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	71
201808	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	151
201808	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	2
201808	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201808	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	475
201808	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	3
201808	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	29
201808	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	3
201808	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	20
201808	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	664
201808	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	146
201808	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2
201808	CLOS	434	RESERVED	2
201808	CLOS	435	RESERVED	1
201808	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201808	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	2
201808	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	12
201808	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201808	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201808	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201808	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	4
201808	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	3
201808	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1
201808	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	1
201808	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201808	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	2
201808	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201808	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	9
201808	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	8
201808	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	479
201808	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	5
201808	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	38
201808	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	5
201808	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	3
201808	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	40
201808	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	22
201808	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	15
201808	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	49
201808	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	37
201808	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	7
201808	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	36
201808	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4951
201808	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	9

201808	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1240
201808	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	522
201808	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	854
201808	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	103
201808	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	3096
201808	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	494
201808	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	13
201808	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	387
201808	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	2
201808	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	1
201808	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	10
201808	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201808	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201808	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201808	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	49
201808	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	176
201808	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	16
201808	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	531
201808	CLOS	491	RECEIPT OF EARNED INCOME	243
201808	CLOS	491	RECEIPT OF EARNED INCOME	34
201808	CLOS	491	RECEIPT OF EARNED INCOME	640
201808	CLOS	492	UNEARNED INCOME HAS INCREASED	127
201808	CLOS	492	UNEARNED INCOME HAS INCREASED	5
201808	CLOS	492	UNEARNED INCOME HAS INCREASED	143
201808	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	7
201808	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201808	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	7
201808	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	70
201808	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	17
201808	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	64
201808	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	3
201808	CLOS	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201808	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	29
201808	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	2
201808	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	13
201808	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	13
201808	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	6
201808	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	46
201808	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201808	CLOS	501	INCOME OF BROTHER OR SISTER	35
201808	CLOS	501	INCOME OF BROTHER OR SISTER	3
201808	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201808	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	17
201808	CLOS	505	DEEMED INCOME OF A SPOUSE	2
201808	CLOS	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	1
201808	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	2
201808	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	3
201808	CLOS	512	ACCOUNT TRANSFER TO FHK	2
201808	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201808	CLOS	514	ACCOUNT TRANSFER TO FFM	173
201808	CLOS	514	ACCOUNT TRANSFER TO FFM	16
201808	CLOS	514	ACCOUNT TRANSFER TO FFM	426
201808	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	181
201808	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	6
201808	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	24
201808	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	683
201808	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	41
201808	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	78184
201808	CLOS	521	REOPENED CASE CLOSED IN ERROR	7
201808	CLOS	521	REOPENED CASE CLOSED IN ERROR	17
201808	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201808	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201808	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	4
201808	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	1
201808	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	54
201808	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	3
201808	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7078
201808	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	29
201808	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	1
201808	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	2
201808	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	105
201808	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	4
201808	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	4613
201808	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	43
201808	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	8
201808	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	791
201808	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	89
201808	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7581
201808	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	149
201808	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201808	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	117
201808	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	13
201808	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	2006
201808	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	54
201808	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	2
201808	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	6
201808	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	15
201808	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	2
201808	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	45
201808	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	91
201808	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	12

201808	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201808	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201808	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201808	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	31314
201808	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	64
201808	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	513
201808	CLOS	591	CHILD PLACED BACK IN HOME	245
201808	CLOS	591	CHILD PLACED BACK IN HOME	2
201808	CLOS	591	CHILD PLACED BACK IN HOME	13
201808	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201808	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	80
201808	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201808	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	3
201808	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	73
201808	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	2
201808	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201808	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201808	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	6
201808	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	55
201808	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	4
201808	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201808	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	3
201808	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201808	CLOS	810	YOU DID NOT REPORT PENSION OR RETIREMENT BENEFITS RECEIVED BY A MEMBER	1
201808	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	3
201808	CLOS	815	YOU DID NOT REPORT INCOME RECEIVED BY A STEPPARENT	2
201808	CLOS	817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	3
201808	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	5
201808	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201808	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	2
201808	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	2
201808	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	3
201808	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	8
201808	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201808	CLOS	835	YOU SOLD OR TRIED TO SELL FOOD STAMP BENEFITS	3
201808	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	30
201808	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201808	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201808	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	1
201808	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201808	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	1
201808	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	6
201808	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201808	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	11
201808	CLOS	886	You under-reported the income of a household member.	2
201808	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201808	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	7
201808	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	8
201808	CLOS	963	RELOCATION ASSISTANCE --- EXCESS OVER $1998	1
201808	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	11
201808	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	7
201808	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201808	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201808	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	4
201808	CLOS	981	CHANGE IN PAYEE	1
201808	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201808	CLOS	987	INTERCEPTION AS A RESULT OF EBT	1
201809	APPL	012	STATEWIDE FOOD STAMP INCREASE	24
201809	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	6
201809	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201809	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	541567
201809	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	220
201809	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	19791
201809	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1884
201809	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	14804
201809	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	16
201809	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	48
201809	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	54111
201809	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	106
201809	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	3
201809	APPL	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	2
201809	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7222
201809	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	211
201809	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	5
201809	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	8
201809	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	3
201809	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	45
201809	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	16
201809	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	27
201809	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	4
201809	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	326
201809	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	333
201809	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	66
201809	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	65002
201809	APPL	096	YOU HAVE REQUESTED A HEARING	4
201809	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	73
201809	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	4
201809	APPL	099	THE ASSISTANCE GROUP HAS MOVED	7
201809	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201809	APPL	110	DECREASE/LOSS OF EARNED INCOME	355
201809	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	95

201809	APPL	125	PROVISIONAL MEDICAID APPROVED	119
201809	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	31
201809	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	79
201809	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	36
201809	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6944
201809	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	52
201809	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	411
201809	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	77
201809	APPL	150	YOUR CLAIM OF UNDUE HARDSHIP IS DENIED	1
201809	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	126
201809	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	25
201809	APPL	170	YOU ARE NOT AGE 65 OR OLDER	76
201809	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	4
201809	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	14
201809	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201809	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	1
201809	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	2
201809	APPL	177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	1
201809	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1730
201809	APPL	179	FINANCIAL CONSENT WAS REVOKED	220
201809	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201809	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	2
201809	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201809	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	715
201809	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5511
201809	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201809	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	786
201809	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	227
201809	APPL	201	NO CHILD SUPPORT DISREGARD	2
201809	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	4
201809	APPL	218	CHANGE IN FOOD STAMP BENEFITS	35
201809	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	607
201809	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5620
201809	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	33089
201809	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1523
201809	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	254
201809	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	60
201809	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201809	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201809	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	209
201809	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	13661
201809	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	122
201809	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	16
201809	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1822
201809	APPL	257	RELOCATION ASSISTANCE APPROVED	8
201809	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	7
201809	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	14
201809	APPL	262	FAILURE TO MEET SHARE OF COST	4
201809	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	39
201809	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	15
201809	APPL	267	INELIGIBLE DUE TO INCARCERATION	7
201809	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	26
201809	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	41
201809	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201809	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201809	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	8
201809	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201809	APPL	276	CLOSED DUE TO SUNCAP ELIGIBILITY	1
201809	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	44
201809	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	9
201809	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1056
201809	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	20
201809	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1328
201809	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2
201809	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3505
201809	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201809	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	136
201809	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	10
201809	APPL	320	INCOME FROM RENTAL PROPERTY	2
201809	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	4
201809	APPL	330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	1
201809	APPL	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201809	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	8
201809	APPL	341	PARENT NOT INCAPACITED ANYMORE	3
201809	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2085
201809	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	4
201809	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1500
201809	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	33
201809	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	28
201809	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	412
201809	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	55
201809	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	71
201809	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	252
201809	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	438
201809	APPL	354	YOU DID NOT VERIFY DISABILITY	11
201809	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	40
201809	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	75
201809	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	9
201809	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	259
201809	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201809	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2860

201809	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3829
201809	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	7
201809	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	41
201809	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	40
201809	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1170
201809	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	72
201809	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	26
201809	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3228
201809	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	64
201809	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	24
201809	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	62644
201809	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4016
201809	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	17
201809	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	874
201809	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	4
201809	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	32
201809	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	106
201809	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	265
201809	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	54
201809	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	186
201809	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	1886
201809	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	91
201809	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	36
201809	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	72
201809	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201809	APPL	389	WITHDRAWN - NO NOTICE GENERATED	115
201809	APPL	391	NO APPROPRIATE PLACEMENT	92
201809	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	825
201809	APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201809	APPL	403	CHILD AGE 19 OR OLDER	5
201809	APPL	404	CHILD AGE 21 OR OLDER	6
201809	APPL	405	AGE INAPPROPRIATE FOR LEVEL OF CARE	1
201809	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	1
201809	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	44
201809	APPL	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201809	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	267
201809	APPL	410	CHILD HAS BEEN ADOPTED	3
201809	APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	4
201809	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201809	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	4
201809	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	9
201809	APPL	421	ELIGIBLE CHILD HAS TURNED 18	22
201809	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201809	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	16
201809	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	8
201809	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	4
201809	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	7
201809	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	52
201809	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1870
201809	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8
201809	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	204
201809	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	43
201809	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	26
201809	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201809	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	4
201809	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	5
201809	APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201809	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	1
201809	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	4
201809	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	6
201809	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	53
201809	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	232
201809	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	60
201809	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4079
201809	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1048
201809	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	420
201809	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	11922
201809	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	3747
201809	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	6
201809	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	2
201809	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	11
201809	APPL	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201809	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1514
201809	APPL	491	RECEIPT OF EARNED INCOME	1063
201809	APPL	492	UNEARNED INCOME HAS INCREASED	1552
201809	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	36
201809	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	115
201809	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	30
201809	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	57
201809	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	90
201809	APPL	500	INCREASE IN VETERANS BENEFITS	1
201809	APPL	501	INCOME OF BROTHER OR SISTER	1
201809	APPL	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201809	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201809	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	19
201809	APPL	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	2
201809	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	39
201809	APPL	512	ACCOUNT TRANSFER TO FHK	67
201809	APPL	514	ACCOUNT TRANSFER TO FFM	57653
201809	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	25687
201809	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	205

201809	APPL	521	REOPENED CASE CLOSED IN ERROR	1
201809	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	119
201809	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	50
201809	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	87
201809	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	23994
201809	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	23
201809	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	34449
201809	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201809	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	202
201809	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	5
201809	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	222
201809	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201809	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201809	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	578
201809	APPL	591	CHILD PLACED BACK IN HOME	1
201809	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	15
201809	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	2
201809	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	9
201809	APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201809	APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201809	APPL	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201809	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201809	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201809	CLOS	015	DUE TO A CHANGE IN SUPPLEMENTAL SECURITY INCOME (SSI) BENEFIT	1
201809	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	28
201809	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201809	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	49
201809	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	5
201809	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201809	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201809	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201809	CLOS	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1
201809	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201809	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	38
201809	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	8
201809	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	22
201809	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201809	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9
201809	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	2
201809	CLOS	057	RELOCATION ASSISTANCE APPROVED	4
201809	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201809	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	2
201809	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201809	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201809	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	30
201809	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	79
201809	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	1
201809	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	1
201809	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	2
201809	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	1
201809	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	33
201809	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	5
201809	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	19
201809	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201809	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	23
201809	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	12
201809	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	37
201809	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	1
201809	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	1
201809	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201809	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	2
201809	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	38
201809	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	70
201809	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	638
201809	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	6
201809	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	8
201809	CLOS	110	DECREASE/LOSS OF EARNED INCOME	54
201809	CLOS	110	DECREASE/LOSS OF EARNED INCOME	130
201809	CLOS	110	DECREASE/LOSS OF EARNED INCOME	3
201809	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	2
201809	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	10
201809	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	2
201809	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201809	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	7
201809	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	6
201809	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201809	CLOS	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	1
201809	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	2
201809	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	19
201809	CLOS	162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	1
201809	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	1
201809	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201809	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201809	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	542
201809	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	302
201809	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	65
201809	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201809	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	11
201809	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	2
201809	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	96
201809	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	8

201809	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	1
201809	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	222
201809	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	10
201809	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1
201809	CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201809	CLOS	179	FINANCIAL CONSENT WAS REVOKED	5
201809	CLOS	179	FINANCIAL CONSENT WAS REVOKED	104
201809	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201809	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	10
201809	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201809	CLOS	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	2
201809	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201809	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201809	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	634
201809	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	52
201809	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	129
201809	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3803
201809	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	135
201809	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3321
201809	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	2
201809	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	15
201809	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	117
201809	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	10
201809	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	1
201809	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	10
201809	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	2
201809	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	1
201809	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	1
201809	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1049
201809	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	35
201809	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	36299
201809	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1736
201809	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	17
201809	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	954
201809	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	27
201809	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6041
201809	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	55
201809	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	27
201809	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	1
201809	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	239
201809	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	80
201809	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	1
201809	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	5
201809	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201809	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201809	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201809	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	6
201809	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	83533
201809	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	167
201809	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	2
201809	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	74
201809	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	882
201809	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	47437
201809	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	56
201809	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201809	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201809	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	2
201809	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	502
201809	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	26
201809	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1625
201809	CLOS	257	RELOCATION ASSISTANCE APPROVED	6
201809	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	3
201809	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	1
201809	CLOS	262	FAILURE TO MEET SHARE OF COST	4
201809	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	54
201809	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	76
201809	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	31
201809	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	1
201809	CLOS	267	INELIGIBLE DUE TO INCARCERATION	170
201809	CLOS	267	INELIGIBLE DUE TO INCARCERATION	1
201809	CLOS	267	INELIGIBLE DUE TO INCARCERATION	27
201809	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	58
201809	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	46
201809	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	7
201809	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	14
201809	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1
201809	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	145
201809	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	9
201809	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	4
201809	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	50
201809	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	273
201809	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	5
201809	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	2
201809	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201809	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201809	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	9
201809	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	51
201809	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	9
201809	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	11
201809	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT	1
201809	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	3

201809	CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	1
201809	CLOS	285	HURRICANE KATRINA EVACUEE	3
201809	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1225
201809	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	7
201809	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	41
201809	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	2
201809	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	759
201809	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	20
201809	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	2
201809	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	18
201809	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	3
201809	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	2
201809	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	8
201809	CLOS	320	INCOME FROM RENTAL PROPERTY	2
201809	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201809	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	2
201809	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	20
201809	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	5
201809	CLOS	335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	1
201809	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201809	CLOS	341	PARENT NOT INCAPACITED ANYMORE	2
201809	CLOS	341	PARENT NOT INCAPACITED ANYMORE	2
201809	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	76
201809	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	75
201809	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	63
201809	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	53
201809	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201809	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	40
201809	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2778
201809	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	220
201809	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	5048
201809	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	2870
201809	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	1
201809	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	38
201809	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	11
201809	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	1
201809	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	26
201809	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	564
201809	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	11
201809	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	74
201809	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	57
201809	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1
201809	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1070
201809	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	21
201809	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	3
201809	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	17
201809	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	24
201809	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	1
201809	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	177
201809	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	204
201809	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	2
201809	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	8
201809	CLOS	354	YOU DID NOT VERIFY DISABILITY	4
201809	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201809	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201809	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	79
201809	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	1
201809	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	15
201809	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	208
201809	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	33
201809	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	129
201809	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	204
201809	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	2
201809	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	52
201809	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	984
201809	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	79
201809	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	9888
201809	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	4
201809	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	1
201809	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	235
201809	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	20
201809	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	221
201809	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	119
201809	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	10
201809	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	58
201809	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201809	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201809	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	16
201809	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	3
201809	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	2
201809	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	4
201809	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	39
201809	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	15
201809	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	124
201809	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	19
201809	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	3
201809	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	2
201809	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	10
201809	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	160
201809	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1
201809	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	10

201809	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	3877
201809	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	699
201809	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	179
201809	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	28
201809	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	51
201809	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	530
201809	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	1
201809	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	12
201809	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	5
201809	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8980
201809	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	109
201809	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	8259
201809	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	166
201809	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	28
201809	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	98
201809	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	67
201809	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	5
201809	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	177
201809	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	189
201809	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	1
201809	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	94
201809	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201809	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201809	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	1220
201809	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	80
201809	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	37
201809	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	5
201809	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	7
201809	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	136
201809	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	60
201809	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201809	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	6
201809	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	67
201809	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	255
201809	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	4809
201809	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	550
201809	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	15
201809	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	26
201809	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	404
201809	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2288
201809	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	3040
201809	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	532
201809	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	30
201809	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	5
201809	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	145
201809	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	681
201809	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	1271
201809	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	63
201809	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	4
201809	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	3
201809	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	17
201809	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	281
201809	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	82
201809	CLOS	389	WITHDRAWN - NO NOTICE GENERATED	1
201809	CLOS	391	NO APPROPRIATE PLACEMENT	11
201809	CLOS	393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	2
201809	CLOS	394	FAILED DUE TO TITLE IV-E PLACEMENT	1
201809	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	5
201809	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	86
201809	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	136
201809	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	4
201809	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	116
201809	CLOS	403	CHILD AGE 19 OR OLDER	62
201809	CLOS	403	CHILD AGE 19 OR OLDER	393
201809	CLOS	403	CHILD AGE 19 OR OLDER	7
201809	CLOS	404	CHILD AGE 21 OR OLDER	1
201809	CLOS	404	CHILD AGE 21 OR OLDER	50
201809	CLOS	404	CHILD AGE 21 OR OLDER	658
201809	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	7
201809	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	12
201809	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	2
201809	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	1
201809	CLOS	410	CHILD HAS BEEN ADOPTED	27
201809	CLOS	410	CHILD HAS BEEN ADOPTED	8
201809	CLOS	410	CHILD HAS BEEN ADOPTED	19
201809	CLOS	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201809	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	7
201809	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	1
201809	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	1
201809	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	91
201809	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201809	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	2
201809	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	1
201809	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	1
201809	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	57
201809	CLOS	421	ELIGIBLE CHILD HAS TURNED 18	192
201809	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	2
201809	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201809	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	8
201809	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	12
201809	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	63

201809	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	164
201809	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	4
201809	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201809	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201809	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	3
201809	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	427
201809	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	26
201809	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	1
201809	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	2
201809	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	15
201809	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	703
201809	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	167
201809	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2
201809	CLOS	434	RESERVED	29
201809	CLOS	435	RESERVED	18
201809	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	2
201809	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	9
201809	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	7
201809	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201809	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	2
201809	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	3
201809	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1
201809	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	2
201809	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	3
201809	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	1
201809	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201809	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS	1
201809	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT	1
201809	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	6
201809	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	507
201809	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	1
201809	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	45
201809	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	4
201809	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	3
201809	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	29
201809	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	4
201809	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	40
201809	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	7
201809	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	18
201809	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	15
201809	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	9
201809	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	30
201809	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	7
201809	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	5576
201809	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1421
201809	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	3
201809	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	592
201809	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	2978
201809	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	816
201809	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	127
201809	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	27
201809	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	408
201809	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	444
201809	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201809	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201809	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	1
201809	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201809	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	8
201809	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	56
201809	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	128
201809	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	22
201809	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	478
201809	CLOS	491	RECEIPT OF EARNED INCOME	201
201809	CLOS	491	RECEIPT OF EARNED INCOME	46
201809	CLOS	491	RECEIPT OF EARNED INCOME	627
201809	CLOS	492	UNEARNED INCOME HAS INCREASED	89
201809	CLOS	492	UNEARNED INCOME HAS INCREASED	11
201809	CLOS	492	UNEARNED INCOME HAS INCREASED	118
201809	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201809	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201809	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	74
201809	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	20
201809	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	74
201809	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	2
201809	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	9
201809	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	20
201809	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	25
201809	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	2
201809	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	15
201809	CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201809	CLOS	499	RECEIPT OF VETERANS BENEFITS	2
201809	CLOS	500	INCREASE IN VETERANS BENEFITS	1
201809	CLOS	501	INCOME OF BROTHER OR SISTER	49
201809	CLOS	501	INCOME OF BROTHER OR SISTER	5
201809	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201809	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	22
201809	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	4
201809	CLOS	503	DEEMED INCOME FROM A SPONSOR	1
201809	CLOS	505	DEEMED INCOME OF A SPOUSE	2
201809	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	1
201809	CLOS	512	ACCOUNT TRANSFER TO FHK	16

201809	CLOS	512	ACCOUNT TRANSFER TO FHK	10
201809	CLOS	512	ACCOUNT TRANSFER TO FHK	1
201809	CLOS	514	ACCOUNT TRANSFER TO FFM	21
201809	CLOS	514	ACCOUNT TRANSFER TO FFM	172
201809	CLOS	514	ACCOUNT TRANSFER TO FFM	413
201809	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	152
201809	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	40
201809	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	4
201809	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	38
201809	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	659
201809	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	65098
201809	CLOS	521	REOPENED CASE CLOSED IN ERROR	10
201809	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201809	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201809	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201809	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	5
201809	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7373
201809	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	42
201809	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	9
201809	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	8
201809	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	46
201809	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3354
201809	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	84
201809	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3
201809	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	2
201809	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	6
201809	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	39
201809	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	6543
201809	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	907
201809	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	107
201809	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	8
201809	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	112
201809	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	1937
201809	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	149
201809	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	13
201809	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201809	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	5
201809	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	32
201809	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	56
201809	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	22
201809	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	4
201809	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201809	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	15
201809	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	63
201809	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	2
201809	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201809	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	1
201809	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	37
201809	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	440
201809	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	27399
201809	CLOS	591	CHILD PLACED BACK IN HOME	14
201809	CLOS	591	CHILD PLACED BACK IN HOME	145
201809	CLOS	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	1
201809	CLOS	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	1
201809	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	3
201809	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1
201809	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	43
201809	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	8
201809	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201809	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	2
201809	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	3
201809	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	66
201809	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	8
201809	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	36
201809	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201809	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	18
201809	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	7
201809	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	3
201809	CLOS	806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER	1
201809	CLOS	810	YOU DID NOT REPORT PENSION OR RETIREMENT BENEFITS RECEIVED BY A MEMBER	1
201809	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	1
201809	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	12
201809	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201809	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	5
201809	CLOS	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	1
201809	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201809	CLOS	823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	1
201809	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	2
201809	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	9
201809	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	8
201809	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	4
201809	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201809	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	3
201809	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	3
201809	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	4
201809	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201809	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201809	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	5
201809	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201809	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201809	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2

201809	CLOS	977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	2
201809	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	10
201809	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	4
201809	CLOS	980	RETURNED MAIL	1
201809	CLOS	982	INTERCEPT TO ISSUE LESSER AMOUNT DUE TO CHANGE	1
201809	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	3
201810	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	575091
201810	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	209
201810	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	20677
201810	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2037
201810	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	14927
201810	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	30
201810	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	50
201810	APPL	047	YOU ARE APPROVED FOR MEDICAID THROUGH THE TICKET TO WORK PROGRAM	1
201810	APPL	048	ALL ASSISTANCE GROUP MEMBERS RECEIVE TEMPORARY CASH ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI)	1
201810	APPL	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201810	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	59157
201810	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	132
201810	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	7
201810	APPL	053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	1
201810	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7154
201810	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	255
201810	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	7
201810	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	5
201810	APPL	064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	1
201810	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	5
201810	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	1
201810	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	21
201810	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	51
201810	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	22
201810	APPL	091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	2
201810	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	379
201810	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	326
201810	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	54
201810	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	67390
201810	APPL	096	YOU HAVE REQUESTED A HEARING	7
201810	APPL	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	4
201810	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	3
201810	APPL	099	THE ASSISTANCE GROUP HAS MOVED	3
201810	APPL	110	DECREASE/LOSS OF EARNED INCOME	557
201810	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	112
201810	APPL	125	PROVISIONAL MEDICAID APPROVED	125
201810	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	33
201810	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	55
201810	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	20
201810	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	7242
201810	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	87
201810	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	666
201810	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	97
201810	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	159
201810	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	31
201810	APPL	170	YOU ARE NOT AGE 65 OR OLDER	92
201810	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	1
201810	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	14
201810	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201810	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	3
201810	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201810	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1588
201810	APPL	179	FINANCIAL CONSENT WAS REVOKED	253
201810	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201810	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201810	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201810	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	777
201810	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5698
201810	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	4
201810	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	917
201810	APPL	191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	1
201810	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201810	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	285
201810	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	5
201810	APPL	218	CHANGE IN FOOD STAMP BENEFITS	37
201810	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	586
201810	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	6308
201810	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	36563
201810	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1778
201810	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	325
201810	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	57
201810	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201810	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201810	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	223
201810	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	13856
201810	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	4
201810	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	128
201810	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	17
201810	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2088
201810	APPL	257	RELOCATION ASSISTANCE APPROVED	7
201810	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201810	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	6
201810	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	33
201810	APPL	262	FAILURE TO MEET SHARE OF COST	2
201810	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	66

201810 APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	10
201810 APPL	267	INELIGIBLE DUE TO INCARCERATION	11
201810 APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	100
201810 APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	48
201810 APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	1
201810 APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	3
201810 APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201810 APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	7
201810 APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	8
201810 APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201810 APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	74
201810 APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	4
201810 APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1577
201810 APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	39
201810 APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1376
201810 APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3942
201810 APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	4
201810 APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	158
201810 APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	17
201810 APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201810 APPL	334	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	1
201810 APPL	337	UPFRONT DIVERSION HAS BEEN DENIED	1
201810 APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	14
201810 APPL	341	PARENT NOT INCAPACITED ANYMORE	2
201810 APPL	342	PARENT DID NOT PROVE INCAPACITY	3
201810 APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2126
201810 APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	6
201810 APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1455
201810 APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	16
201810 APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	27
201810 APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	369
201810 APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	36
201810 APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	61
201810 APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	287
201810 APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	609
201810 APPL	354	YOU DID NOT VERIFY DISABILITY	17
201810 APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	30
201810 APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	88
201810 APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	6
201810 APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	284
201810 APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	7
201810 APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2896
201810 APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	3774
201810 APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	7
201810 APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	47
201810 APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	59
201810 APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1228
201810 APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	76
201810 APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	2
201810 APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	18
201810 APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3016
201810 APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	55
201810 APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	10
201810 APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	63158
201810 APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4040
201810 APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	15
201810 APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	856
201810 APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	8
201810 APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	61
201810 APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	150
201810 APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	311
201810 APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	92
201810 APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	208
201810 APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2237
201810 APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	93
201810 APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	48
201810 APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	65
201810 APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	2
201810 APPL	389	WITHDRAWN - NO NOTICE GENERATED	109
201810 APPL	391	NO APPROPRIATE PLACEMENT	81
201810 APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	785
201810 APPL	403	CHILD AGE 19 OR OLDER	4
201810 APPL	404	CHILD AGE 21 OR OLDER	5
201810 APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	40
201810 APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	307
201810 APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201810 APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201810 APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	1
201810 APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	2
201810 APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201810 APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	8
201810 APPL	421	ELIGIBLE CHILD HAS TURNED 18	13
201810 APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	2
201810 APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	16
201810 APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	13
201810 APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	3
201810 APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	4
201810 APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	87
201810 APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2000
201810 APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	5
201810 APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	8

201810 APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	226
201810 APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	47
201810 APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	45
201810 APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	2
201810 APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	7
201810 APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	3
201810 APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	4
201810 APPL	451	YOU NO LONGER NEED CANCER TREATMENT	3
201810 APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	2
201810 APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	1
201810 APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	70
201810 APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	249
201810 APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	61
201810 APPL	461	CHILD(REN) ADDED AT ZERO BENEFIT	1
201810 APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	4610
201810 APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	1101
201810 APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	455
201810 APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	11164
201810 APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5479
201810 APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201810 APPL	473	THE 1/3 EARNED INCOME DISREGARD HAS EXPIRED	1
201810 APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	5
201810 APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201810 APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1391
201810 APPL	491	RECEIPT OF EARNED INCOME	1632
201810 APPL	492	UNEARNED INCOME HAS INCREASED	2336
201810 APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	48
201810 APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	114
201810 APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	46
201810 APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	81
201810 APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	131
201810 APPL	499	RECEIPT OF VETERANS BENEFITS	3
201810 APPL	500	INCREASE IN VETERANS BENEFITS	1
201810 APPL	501	INCOME OF BROTHER OR SISTER	1
201810 APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	34
201810 APPL	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	1
201810 APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	36
201810 APPL	512	ACCOUNT TRANSFER TO FHK	58
201810 APPL	514	ACCOUNT TRANSFER TO FFM	58474
201810 APPL	515	ACCOUNT TRANSFER TO FFM/FHK	25678
201810 APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	186
201810 APPL	521	REOPENED CASE CLOSED IN ERROR	8
201810 APPL	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201810 APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	132
201810 APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	35
201810 APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	73
201810 APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	23919
201810 APPL	527	CONTINUATION OF POST PARTUM MEDICAID	26
201810 APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	34617
201810 APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	4
201810 APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	206
201810 APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	159
201810 APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	2
201810 APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201810 APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	695
201810 APPL	591	CHILD PLACED BACK IN HOME	1
201810 APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	22
201810 APPL	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	2
201810 APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	5
201810 APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201810 APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	4
201810 APPL	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	4
201810 APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201810 APPL	868	INELIGIBLE IDENTITY THEFT	1
201810 APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201810 APPL	980	RETURNED MAIL	1
201810 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	29
201810 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	22
201810 CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	3
201810 CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	4
201810 CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	9
201810 CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	8
201810 CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201810 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	34
201810 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	5
201810 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	11
201810 CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201810 CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	4
201810 CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	5
201810 CLOS	057	RELOCATION ASSISTANCE APPROVED	8
201810 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	3
201810 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201810 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	101
201810 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	20
201810 CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	9
201810 CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	6
201810 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	30
201810 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201810 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	1
201810 CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201810 CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	22

201810	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	8
201810	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	24
201810	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201810	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	17
201810	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201810	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	13
201810	CLOS	097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	9
201810	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	908
201810	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	62
201810	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	39
201810	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	6
201810	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201810	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	8
201810	CLOS	110	DECREASE/LOSS OF EARNED INCOME	114
201810	CLOS	110	DECREASE/LOSS OF EARNED INCOME	4
201810	CLOS	110	DECREASE/LOSS OF EARNED INCOME	35
201810	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201810	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	11
201810	CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201810	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	4
201810	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	4
201810	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	4
201810	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	17
201810	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	4
201810	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201810	CLOS	168	SEVERANCE BENEFIT HAS BEEN DENIED	1
201810	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	513
201810	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	312
201810	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	100
201810	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	12
201810	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	6
201810	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	6
201810	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	44
201810	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	10
201810	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201810	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201810	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	194
201810	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	9
201810	CLOS	179	FINANCIAL CONSENT WAS REVOKED	7
201810	CLOS	179	FINANCIAL CONSENT WAS REVOKED	136
201810	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	3
201810	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	12
201810	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201810	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201810	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	97
201810	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	469
201810	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	38
201810	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	146
201810	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3838
201810	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	4308
201810	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	21
201810	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	3
201810	CLOS	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201810	CLOS	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201810	CLOS	191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	1
201810	CLOS	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201810	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	18
201810	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	99
201810	CLOS	201	NO CHILD SUPPORT DISREGARD	1
201810	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	6
201810	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	7
201810	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	2
201810	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1160
201810	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	30
201810	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	33625
201810	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1597
201810	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	24
201810	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	712
201810	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	15
201810	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	5656
201810	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	75
201810	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2
201810	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	10
201810	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	57
201810	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	1
201810	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	179
201810	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	4
201810	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	2
201810	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	4
201810	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201810	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201810	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	8
201810	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	2
201810	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	216
201810	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	4
201810	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	93527
201810	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	42485
201810	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	28
201810	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	716
201810	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	40
201810	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3

201810	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201810	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201810	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	1
201810	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1684
201810	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	390
201810	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	14
201810	CLOS	257	RELOCATION ASSISTANCE APPROVED	12
201810	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	3
201810	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	3
201810	CLOS	262	FAILURE TO MEET SHARE OF COST	1
201810	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	98
201810	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	31
201810	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	35
201810	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	1
201810	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201810	CLOS	267	INELIGIBLE DUE TO INCARCERATION	8
201810	CLOS	267	INELIGIBLE DUE TO INCARCERATION	162
201810	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	98
201810	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	63
201810	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	1
201810	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	4
201810	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	19
201810	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	12
201810	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	203
201810	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	8
201810	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	1
201810	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	78
201810	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	6
201810	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	246
201810	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	7
201810	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201810	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	5
201810	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	52
201810	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	3
201810	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	10
201810	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	4
201810	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	3
201810	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201810	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201810	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT	1
201810	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	2
201810	CLOS	285	HURRICANE KATRINA EVACUEE	1
201810	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	972
201810	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	4
201810	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201810	CLOS	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201810	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	52
201810	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3
201810	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	777
201810	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	15
201810	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	4
201810	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	3
201810	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	10
201810	CLOS	320	INCOME FROM RENTAL PROPERTY	1
201810	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	18
201810	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	2
201810	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	2
201810	CLOS	330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	1
201810	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201810	CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201810	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	58
201810	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	75
201810	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	48
201810	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1
201810	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	18
201810	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	28
201810	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4627
201810	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2619
201810	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	152
201810	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	24
201810	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3044
201810	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	28
201810	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	8
201810	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	3
201810	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	2
201810	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	72
201810	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	564
201810	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	742
201810	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	61
201810	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1
201810	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	20
201810	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	12
201810	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	178
201810	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	21
201810	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	4
201810	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	3
201810	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	9
201810	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	233
201810	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201810	CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201810	CLOS	354	YOU DID NOT VERIFY DISABILITY	1

201810	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 3
201810	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 6
201810	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 80
201810	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 128
201810	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 177
201810	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 30
201810	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 1
201810	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 35
201810	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 254
201810	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 11364
201810	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 970
201810	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 68
201810	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 2
201810	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 2
201810	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 215
201810	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 218
201810	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 25
201810	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 5
201810	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 45
201810	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 123
201810	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 3
201810	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 8
201810	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 3
201810	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 15
201810	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 17
201810	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 2
201810	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 23
201810	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 13
201810	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 8
201810	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 134
201810	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 10
201810	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 1
201810	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 4
201810	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET 1
201810	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 119
201810	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 4233
201810	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 8
201810	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 200
201810	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 36
201810	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 724
201810	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 510
201810	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 8
201810	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 52
201810	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 3
201810	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 2
201810	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 8202
201810	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 7656
201810	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 135
201810	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 8
201810	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 132
201810	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 166
201810	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 196
201810	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 99
201810	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 11
201810	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 87
201810	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 134
201810	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 6
201810	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 1074
201810	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 110
201810	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 30
201810	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 1
201810	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 5
201810	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 154
201810	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 44
201810	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 3
201810	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 10
201810	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 126
201810	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 287
201810	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 5572
201810	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 520
201810	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 23
201810	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 42
201810	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 449
201810	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 2671
201810	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 2945
201810	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 557
201810	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 60
201810	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 5
201810	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 82
201810	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 847
201810	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 1123
201810	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 79
201810	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 11
201810	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 234
201810	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 79
201810	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 1
201810	CLOS	391	NO APPROPRIATE PLACEMENT 9
201810	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 1
201810	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 95
201810	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 193
201810	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 5

201810	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 96
201810	CLOS	403	CHILD AGE 19 OR OLDER 51
201810	CLOS	403	CHILD AGE 19 OR OLDER 171
201810	CLOS	403	CHILD AGE 19 OR OLDER 1
201810	CLOS	404	CHILD AGE 21 OR OLDER 5
201810	CLOS	404	CHILD AGE 21 OR OLDER 52
201810	CLOS	404	CHILD AGE 21 OR OLDER 564
201810	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 2
201810	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 14
201810	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 2
201810	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 8
201810	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 1
201810	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 5
201810	CLOS	410	CHILD HAS BEEN ADOPTED 19
201810	CLOS	410	CHILD HAS BEEN ADOPTED 41
201810	CLOS	410	CHILD HAS BEEN ADOPTED 17
201810	CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED 2
201810	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 3
201810	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 117
201810	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 1
201810	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 3
201810	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 3
201810	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 4
201810	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 4
201810	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 44
201810	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 1
201810	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 159
201810	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 1
201810	CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE 2
201810	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 4
201810	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 5
201810	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 65
201810	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 147
201810	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 2
201810	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 478
201810	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 32
201810	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 3
201810	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 1
201810	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 9
201810	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 735
201810	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 163
201810	CLOS	434	RESERVED 1
201810	CLOS	435	RESERVED 2
201810	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 2
201810	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201810	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 7
201810	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 1
201810	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 2
201810	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 7
201810	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 2
201810	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 1
201810	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 2
201810	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 1
201810	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 1
201810	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 5
201810	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 1
201810	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS 1
201810	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 1
201810	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 9
201810	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 933
201810	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 6
201810	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 31
201810	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 4
201810	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 2
201810	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 36
201810	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 3
201810	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 3
201810	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 43
201810	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 10
201810	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 34
201810	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 25
201810	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 3
201810	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 34
201810	CLOS	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT 1
201810	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 9
201810	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 4673
201810	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1157
201810	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 427
201810	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 2762
201810	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 724
201810	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 93
201810	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 19
201810	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 435
201810	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 489
201810	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED 6
201810	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES 1
201810	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES 1
201810	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY 6
201810	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 11
201810	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5
201810	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5

201810	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 3
201810	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 1
201810	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 40
201810	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 130
201810	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 18
201810	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 370
201810	CLOS	491	RECEIPT OF EARNED INCOME 223
201810	CLOS	491	RECEIPT OF EARNED INCOME 32
201810	CLOS	491	RECEIPT OF EARNED INCOME 601
201810	CLOS	492	UNEARNED INCOME HAS INCREASED 205
201810	CLOS	492	UNEARNED INCOME HAS INCREASED 10
201810	CLOS	492	UNEARNED INCOME HAS INCREASED 191
201810	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 4
201810	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1
201810	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 42
201810	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 11
201810	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 66
201810	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 1
201810	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 2
201810	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 27
201810	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 2
201810	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 8
201810	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 14
201810	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 3
201810	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 31
201810	CLOS	499	RECEIPT OF VETERANS BENEFITS 1
201810	CLOS	499	RECEIPT OF VETERANS BENEFITS 1
201810	CLOS	500	INCREASE IN VETERANS BENEFITS 1
201810	CLOS	501	INCOME OF BROTHER OR SISTER 39
201810	CLOS	501	INCOME OF BROTHER OR SISTER 3
201810	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 18
201810	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 2
201810	CLOS	505	DEEMED INCOME OF A SPOUSE 1
201810	CLOS	505	DEEMED INCOME OF A SPOUSE 1
201810	CLOS	505	DEEMED INCOME OF A SPOUSE 1
201810	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 1
201810	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 4
201810	CLOS	512	ACCOUNT TRANSFER TO FHK 8
201810	CLOS	512	ACCOUNT TRANSFER TO FHK 13
201810	CLOS	514	ACCOUNT TRANSFER TO FFM 180
201810	CLOS	514	ACCOUNT TRANSFER TO FFM 24
201810	CLOS	514	ACCOUNT TRANSFER TO FFM 362
201810	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 124
201810	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 1
201810	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 18
201810	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 655
201810	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 39
201810	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 63874
201810	CLOS	521	REOPENED CASE CLOSED IN ERROR 12
201810	CLOS	521	REOPENED CASE CLOSED IN ERROR 3
201810	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 4
201810	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 2
201810	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201810	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201810	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 2
201810	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 47
201810	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 8200
201810	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 23
201810	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 4
201810	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 73
201810	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 12
201810	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 3477
201810	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 30
201810	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 1
201810	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 1
201810	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 762
201810	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 78
201810	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 6770
201810	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 89
201810	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 1
201810	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 138
201810	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 12
201810	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 1791
201810	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 33
201810	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 2
201810	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 2
201810	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 16
201810	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 11
201810	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 50
201810	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 77
201810	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 3
201810	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 7
201810	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 1
201810	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 32515
201810	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 305
201810	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 36
201810	CLOS	591	CHILD PLACED BACK IN HOME 193
201810	CLOS	591	CHILD PLACED BACK IN HOME 8
201810	CLOS	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED 1
201810	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 1
201810	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 88

201810	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	6
201810	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	5
201810	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201810	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	55
201810	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	8
201810	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201810	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	50
201810	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	8
201810	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	7
201810	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	2
201810	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	3
201810	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	1
201810	CLOS	816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	1
201810	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	8
201810	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201810	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201810	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201810	CLOS	833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	2
201810	CLOS	836	YOU MISUSED OR TRIED TO MISUSE FOOD ASSISTANCE BENEFITS	1
201810	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	2
201810	CLOS	850	YOU DID NOT REPORT A LUMP SUM PAYMENT RECEIVED BY A MEMBER	1
201810	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	13
201810	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	2
201810	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	5
201810	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	2
201810	CLOS	857	REPORTED INFO WAS DISREGARDED OR NOT ACTED ON TIMELY	2
201810	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	3
201810	CLOS	884	YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS	3
201810	CLOS	886	You under-reported the income of a household member.	8
201810	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	8
201810	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201810	CLOS	911	WARRANT REPLACEMENT BY ASFMAD	1
201810	CLOS	928	SUPPLEMENTAL FOOD STAMP ISSUANCE	1
201810	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	7
201810	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	3
201810	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201810	CLOS	977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	1
201810	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	6
201810	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201810	CLOS	980	RETURNED MAIL	3
201810	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201811	APPL	020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	1
201811	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201811	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	515344
201811	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	107
201811	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	16736
201811	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1912
201811	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	13843
201811	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	14
201811	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	31
201811	APPL	047	YOU ARE APPROVED FOR MEDICAID THROUGH THE TICKET TO WORK PROGRAM	1
201811	APPL	048	ALL ASSISTANCE GROUP MEMBERS RECEIVE TEMPORARY CASH ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI)	1
201811	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	52614
201811	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	114
201811	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	6
201811	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7250
201811	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	204
201811	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	9
201811	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	8
201811	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	3
201811	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	16
201811	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	21
201811	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	15
201811	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	265
201811	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	285
201811	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	47
201811	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	64130
201811	APPL	096	YOU HAVE REQUESTED A HEARING	5
201811	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	3
201811	APPL	099	THE ASSISTANCE GROUP HAS MOVED	1
201811	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201811	APPL	110	DECREASE/LOSS OF EARNED INCOME	497
201811	APPL	111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201811	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	126
201811	APPL	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201811	APPL	125	PROVISIONAL MEDICAID APPROVED	90
201811	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	42
201811	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	46
201811	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	20
201811	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6574
201811	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	79
201811	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	460
201811	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	103
201811	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201811	APPL	152	YOUR CLAIM OF UNDUE HARDSHIP IS APPROVED	1
201811	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	2
201811	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	116
201811	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	31
201811	APPL	170	YOU ARE NOT AGE 65 OR OLDER	158
201811	APPL	171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	2
201811	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	5

201811	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	14
201811	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201811	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	1657
201811	APPL	179	FINANCIAL CONSENT WAS REVOKED	202
201811	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	10
201811	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201811	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	4
201811	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	714
201811	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5418
201811	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	1
201811	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	716
201811	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	238
201811	APPL	201	NO CHILD SUPPORT DISREGARD	2
201811	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	5
201811	APPL	218	CHANGE IN FOOD STAMP BENEFITS	73
201811	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	479
201811	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5220
201811	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	32497
201811	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1496
201811	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	266
201811	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	50
201811	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	3
201811	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	265
201811	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	13402
201811	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	1
201811	APPL	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	1
201811	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	158
201811	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	21
201811	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	1827
201811	APPL	257	RELOCATION ASSISTANCE APPROVED	6
201811	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201811	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	10
201811	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	34
201811	APPL	262	FAILURE TO MEET SHARE OF COST	6
201811	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	38
201811	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	3
201811	APPL	267	INELIGIBLE DUE TO INCARCERATION	4
201811	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	103
201811	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	43
201811	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201811	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201811	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201811	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201811	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	6
201811	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	65
201811	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	62
201811	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	7
201811	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1306
201811	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	18
201811	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1533
201811	APPL	291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	1
201811	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3495
201811	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201811	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	128
201811	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	10
201811	APPL	320	INCOME FROM RENTAL PROPERTY	3
201811	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	3
201811	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	7
201811	APPL	341	PARENT NOT INCAPACITED ANYMORE	3
201811	APPL	342	PARENT DID NOT PROVE INCAPACITY	1
201811	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2697
201811	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	1
201811	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	7
201811	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1316
201811	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	55
201811	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	21
201811	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	369
201811	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	52
201811	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	66
201811	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	261
201811	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	543
201811	APPL	354	YOU DID NOT VERIFY DISABILITY	36
201811	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	45
201811	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	83
201811	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	11
201811	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	237
201811	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	6
201811	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3036
201811	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4483
201811	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	8
201811	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	18
201811	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	44
201811	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1209
201811	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	85
201811	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	3
201811	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	24
201811	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	2874
201811	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	61
201811	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	13
201811	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	64019
201811	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	3875

201811 APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	20
201811 APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	607
201811 APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	3
201811 APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	45
201811 APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	108
201811 APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	293
201811 APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	87
201811 APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	183
201811 APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	4075
201811 APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	116
201811 APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	27
201811 APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	51
201811 APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	2
201811 APPL	389	WITHDRAWN - NO NOTICE GENERATED	100
201811 APPL	391	NO APPROPRIATE PLACEMENT	107
201811 APPL	392	FAILED DUE TO FLORIDA PLACEMENT	1
201811 APPL	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT	1
201811 APPL	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	1
201811 APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	821
201811 APPL	403	CHILD AGE 19 OR OLDER	6
201811 APPL	404	CHILD AGE 21 OR OLDER	8
201811 APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	9
201811 APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	18
201811 APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	313
201811 APPL	410	CHILD HAS BEEN ADOPTED	4
201811 APPL	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	3
201811 APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201811 APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	2
201811 APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	3
201811 APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	11
201811 APPL	421	ELIGIBLE CHILD HAS TURNED 18	12
201811 APPL	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	2
201811 APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201811 APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	31
201811 APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	12
201811 APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201811 APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	5
201811 APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	74
201811 APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1738
201811 APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201811 APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	4
201811 APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	213
201811 APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	46
201811 APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	27
201811 APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201811 APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201811 APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	3
201811 APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	6
201811 APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201811 APPL	451	YOU NO LONGER NEED CANCER TREATMENT	1
201811 APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	5
201811 APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	15
201811 APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	46
201811 APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	233
201811 APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	58
201811 APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	2
201811 APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	3920
201811 APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	967
201811 APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	418
201811 APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	10865
201811 APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5502
201811 APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	4
201811 APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	3
201811 APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	6
201811 APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1488
201811 APPL	491	RECEIPT OF EARNED INCOME	1512
201811 APPL	492	UNEARNED INCOME HAS INCREASED	3375
201811 APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	116
201811 APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	80
201811 APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	50
201811 APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	301
201811 APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	140
201811 APPL	501	INCOME OF BROTHER OR SISTER	1
201811 APPL	505	DEEMED INCOME OF A SPOUSE	1
201811 APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	28
201811 APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	33
201811 APPL	512	ACCOUNT TRANSFER TO FHK	59
201811 APPL	514	ACCOUNT TRANSFER TO FFM	56950
201811 APPL	515	ACCOUNT TRANSFER TO FFM/FHK	27037
201811 APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	507
201811 APPL	521	REOPENED CASE CLOSED IN ERROR	10
201811 APPL	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201811 APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	116
201811 APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	28
201811 APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	69
201811 APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	23941
201811 APPL	527	CONTINUATION OF POST PARTUM MEDICAID	22
201811 APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	35031
201811 APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	3
201811 APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	207
201811 APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1

201811 APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	134
201811 APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1
201811 APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201811 APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	919
201811 APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	15
201811 APPL	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	1
201811 APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	7
201811 APPL	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201811 APPL	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201811 APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201811 APPL	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	1
201811 APPL	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	1
201811 APPL	980	RETURNED MAIL	2
201811 CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	2
201811 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	11
201811 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	36
201811 CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201811 CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	3
201811 CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	3
201811 CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	1
201811 CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201811 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	39
201811 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	3
201811 CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	13
201811 CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201811 CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	3
201811 CLOS	057	RELOCATION ASSISTANCE APPROVED	8
201811 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201811 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201811 CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201811 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	21
201811 CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	102
201811 CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	3
201811 CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	5
201811 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201811 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	28
201811 CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	3
201811 CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	20
201811 CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	11
201811 CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	40
201811 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	8
201811 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	13
201811 CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	1
201811 CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201811 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	470
201811 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	26
201811 CLOS	099	THE ASSISTANCE GROUP HAS MOVED	20
201811 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	11
201811 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201811 CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	1
201811 CLOS	110	DECREASE/LOSS OF EARNED INCOME	132
201811 CLOS	110	DECREASE/LOSS OF EARNED INCOME	4
201811 CLOS	110	DECREASE/LOSS OF EARNED INCOME	19
201811 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3
201811 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201811 CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	8
201811 CLOS	122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	1
201811 CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	1
201811 CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201811 CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	4
201811 CLOS	149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	1
201811 CLOS	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	2
201811 CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	1
201811 CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	22
201811 CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	6
201811 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	221
201811 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	81
201811 CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	409
201811 CLOS	170	YOU ARE NOT AGE 65 OR OLDER	2
201811 CLOS	170	YOU ARE NOT AGE 65 OR OLDER	4
201811 CLOS	170	YOU ARE NOT AGE 65 OR OLDER	7
201811 CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	4
201811 CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	1
201811 CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	46
201811 CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201811 CLOS	177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	1
201811 CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	167
201811 CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	6
201811 CLOS	179	FINANCIAL CONSENT WAS REVOKED	10
201811 CLOS	179	FINANCIAL CONSENT WAS REVOKED	1
201811 CLOS	179	FINANCIAL CONSENT WAS REVOKED	109
201811 CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	5
201811 CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	18
201811 CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201811 CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	3
201811 CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201811 CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	424
201811 CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	44
201811 CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	97
201811 CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	3608
201811 CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	124

201811	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM 3241
201811	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS 20
201811	CLOS	192	FAIL -FINANCIAL CONSENT WAS REVOKED 1
201811	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 5
201811	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 6
201811	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 109
201811	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD 17
201811	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH 11
201811	CLOS	218	CHANGE IN FOOD STAMP BENEFITS 1
201811	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 944
201811	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 23
201811	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 31885
201811	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 1446
201811	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 21
201811	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 712
201811	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 7
201811	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5255
201811	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 58
201811	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 1
201811	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 5
201811	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD 1
201811	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 48
201811	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 1
201811	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 190
201811	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10 5
201811	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 3
201811	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 1
201811	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 1
201811	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 8
201811	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 117393
201811	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 229
201811	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 8
201811	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 26
201811	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 674
201811	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 39703
201811	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A. 57
201811	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS 1
201811	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS 1
201811	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 4
201811	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 1
201811	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 2
201811	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 384
201811	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 16
201811	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 1610
201811	CLOS	257	RELOCATION ASSISTANCE APPROVED 11
201811	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE 3
201811	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 3
201811	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 2
201811	CLOS	262	FAILURE TO MEET SHARE OF COST 1
201811	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 25
201811	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 103
201811	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 16
201811	CLOS	267	INELIGIBLE DUE TO INCARCERATION 2
201811	CLOS	267	INELIGIBLE DUE TO INCARCERATION 5
201811	CLOS	267	INELIGIBLE DUE TO INCARCERATION 161
201811	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 106
201811	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 30
201811	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 13
201811	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 1
201811	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 10
201811	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 150
201811	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 3
201811	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS 1
201811	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS 3
201811	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 6
201811	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 48
201811	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS 260
201811	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 8
201811	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME 10
201811	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY 28
201811	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 3
201811	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 7
201811	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 1
201811	CLOS	281	FAILURE TO VERIFY A UTILITY AMOUNT 1
201811	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 7
201811	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 6
201811	CLOS	285	HURRICANE KATRINA EVACUEE 1
201811	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 1098
201811	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 3
201811	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 41
201811	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 3
201811	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 737
201811	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 9
201811	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 5
201811	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 9
201811	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 6
201811	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 9
201811	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 2
201811	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 17
201811	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 3
201811	CLOS	335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE 1

201811	CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH 2
201811	CLOS	342	PARENT DID NOT PROVE INCAPACITY 1
201811	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 47
201811	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 71
201811	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 50
201811	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 1
201811	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 19
201811	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 25
201811	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 4122
201811	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 2112
201811	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 146
201811	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 5
201811	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 61
201811	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 3289
201811	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 27
201811	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 21
201811	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 56
201811	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 18
201811	CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM 448
201811	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 742
201811	CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY 48
201811	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 10
201811	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 2
201811	CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE 14
201811	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 156
201811	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 8
201811	CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE 24
201811	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 8
201811	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 2
201811	CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED 198
201811	CLOS	354	YOU DID NOT VERIFY DISABILITY 3
201811	CLOS	354	YOU DID NOT VERIFY DISABILITY 1
201811	CLOS	354	YOU DID NOT VERIFY DISABILITY 3
201811	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 13
201811	CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY 60
201811	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 128
201811	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 155
201811	CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME. 24
201811	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 37
201811	CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY 265
201811	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 8476
201811	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 761
201811	CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM 33
201811	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 1
201811	CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL 5
201811	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 198
201811	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 235
201811	CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER 32
201811	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 10
201811	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 44
201811	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 124
201811	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 2
201811	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 2
201811	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 8
201811	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 10
201811	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 22
201811	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 10
201811	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 3
201811	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 4
201811	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 23
201811	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 97
201811	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 9
201811	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 5
201811	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 1
201811	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 164
201811	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 3805
201811	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 16
201811	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 215
201811	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 39
201811	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 674
201811	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 461
201811	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 4
201811	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 27
201811	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES 1
201811	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 5
201811	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 3
201811	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 6959
201811	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 127
201811	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 7142
201811	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 140
201811	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 2
201811	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 129
201811	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 72
201811	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 12
201811	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 129
201811	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 133
201811	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 1
201811	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 65
201811	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201811	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 2
201811	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 1039

201811 CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	86
201811 CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	16
201811 CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	5
201811 CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	127
201811 CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201811 CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	48
201811 CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	71
201811 CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	7
201811 CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	252
201811 CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	4743
201811 CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	17
201811 CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	533
201811 CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	362
201811 CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	18
201811 CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2537
201811 CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2659
201811 CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	61
201811 CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	375
201811 CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	60
201811 CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	3
201811 CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	530
201811 CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	967
201811 CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	3
201811 CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	26
201811 CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201811 CLOS	389	WITHDRAWN - NO NOTICE GENERATED	258
201811 CLOS	389	WITHDRAWN - NO NOTICE GENERATED	102
201811 CLOS	389	WITHDRAWN - NO NOTICE GENERATED	7
201811 CLOS	391	NO APPROPRIATE PLACEMENT	3
201811 CLOS	391	NO APPROPRIATE PLACEMENT	6
201811 CLOS	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT	1
201811 CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	1
201811 CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	195
201811 CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	44
201811 CLOS	399	PERSON IN THE ASSISTANCE GROUP IS ON STRIKE	1
201811 CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	11
201811 CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	94
201811 CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201811 CLOS	403	CHILD AGE 19 OR OLDER	46
201811 CLOS	403	CHILD AGE 19 OR OLDER	320
201811 CLOS	403	CHILD AGE 19 OR OLDER	2
201811 CLOS	404	CHILD AGE 21 OR OLDER	1
201811 CLOS	404	CHILD AGE 21 OR OLDER	57
201811 CLOS	404	CHILD AGE 21 OR OLDER	553
201811 CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	2
201811 CLOS	408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	1
201811 CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	11
201811 CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	7
201811 CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	2
201811 CLOS	410	CHILD HAS BEEN ADOPTED	32
201811 CLOS	410	CHILD HAS BEEN ADOPTED	10
201811 CLOS	410	CHILD HAS BEEN ADOPTED	17
201811 CLOS	411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	1
201811 CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201811 CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	81
201811 CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201811 CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	1
201811 CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	2
201811 CLOS	421	ELIGIBLE CHILD HAS TURNED 18	129
201811 CLOS	421	ELIGIBLE CHILD HAS TURNED 18	51
201811 CLOS	421	ELIGIBLE CHILD HAS TURNED 18	1
201811 CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	2
201811 CLOS	423	MEDICARE PART-A PREMIUM PAID BY STATE	1
201811 CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	16
201811 CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	7
201811 CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	55
201811 CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	152
201811 CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	1
201811 CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201811 CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	303
201811 CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	1
201811 CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	14
201811 CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	1
201811 CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	7
201811 CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	663
201811 CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	179
201811 CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	4
201811 CLOS	434	RESERVED	2
201811 CLOS	435	RESERVED	2
201811 CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	3
201811 CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	1
201811 CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	10
201811 CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	1
201811 CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME	1
201811 CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	4
201811 CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	1
201811 CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1
201811 CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	3
201811 CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	1
201811 CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1
201811 CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	1

201811	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 4
201811	CLOS	450	YOU DO NOT HAVE ANY MEDICAL BILLS 1
201811	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 2
201811	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 1
201811	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 8
201811	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 668
201811	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 3
201811	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 1
201811	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 1
201811	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 39
201811	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 2
201811	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 23
201811	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 1
201811	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 49
201811	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 7
201811	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 16
201811	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 21
201811	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 6
201811	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 33
201811	CLOS	461	CHILD(REN) ADDED AT ZERO BENEFIT 1
201811	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 4
201811	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 2
201811	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 4454
201811	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1106
201811	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1
201811	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 436
201811	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 2315
201811	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 680
201811	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 67
201811	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 18
201811	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 419
201811	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 403
201811	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES 2
201811	CLOS	481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY 1
201811	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 9
201811	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5
201811	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 2
201811	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 29
201811	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 2
201811	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 18
201811	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 85
201811	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 346
201811	CLOS	491	RECEIPT OF EARNED INCOME 232
201811	CLOS	491	RECEIPT OF EARNED INCOME 516
201811	CLOS	491	RECEIPT OF EARNED INCOME 33
201811	CLOS	492	UNEARNED INCOME HAS INCREASED 13
201811	CLOS	492	UNEARNED INCOME HAS INCREASED 113
201811	CLOS	492	UNEARNED INCOME HAS INCREASED 155
201811	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1
201811	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 1
201811	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 40
201811	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 9
201811	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 54
201811	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 1
201811	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 6
201811	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 38
201811	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 2
201811	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 15
201811	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 7
201811	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 1
201811	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 33
201811	CLOS	501	INCOME OF BROTHER OR SISTER 38
201811	CLOS	501	INCOME OF BROTHER OR SISTER 2
201811	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 1
201811	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 17
201811	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 1
201811	CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY 2
201811	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 1
201811	CLOS	512	ACCOUNT TRANSFER TO FHK 13
201811	CLOS	512	ACCOUNT TRANSFER TO FHK 2
201811	CLOS	514	ACCOUNT TRANSFER TO FFM 168
201811	CLOS	514	ACCOUNT TRANSFER TO FFM 2
201811	CLOS	514	ACCOUNT TRANSFER TO FFM 310
201811	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 115
201811	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 4
201811	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 15
201811	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 482
201811	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 50
201811	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 59844
201811	CLOS	521	REOPENED CASE CLOSED IN ERROR 5
201811	CLOS	521	REOPENED CASE CLOSED IN ERROR 1
201811	CLOS	521	REOPENED CASE CLOSED IN ERROR 4
201811	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 2
201811	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 1
201811	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 3
201811	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 2
201811	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201811	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 57
201811	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 2
201811	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 7667
201811	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 27

201811	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	6
201811	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	6
201811	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	57
201811	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	7
201811	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	3147
201811	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	29
201811	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	1
201811	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	714
201811	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	114
201811	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	6637
201811	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	95
201811	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	5
201811	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	146
201811	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	9
201811	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	1762
201811	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	24
201811	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	3
201811	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	12
201811	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	6
201811	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	2
201811	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	45
201811	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	77
201811	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	14
201811	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	4
201811	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	368
201811	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	52
201811	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	29963
201811	CLOS	591	CHILD PLACED BACK IN HOME	6
201811	CLOS	591	CHILD PLACED BACK IN HOME	164
201811	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	4
201811	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	73
201811	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201811	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201811	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	67
201811	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201811	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	1
201811	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	8
201811	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	49
201811	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201811	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	1
201811	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	6
201811	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201811	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201811	CLOS	804	YOU DID NOT REPORT SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED BY A MEMBER	1
201811	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	3
201811	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	2
201811	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201811	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	2
201811	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201811	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201811	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201811	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201811	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201811	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201811	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	1
201811	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201811	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201811	CLOS	868	INELIGIBLE IDENTITY THEFT	1
201811	CLOS	883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	3
201811	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201811	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	2
201811	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201811	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	10
201811	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201811	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201811	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	5
201811	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	11
201811	CLOS	980	RETURNED MAIL	3
201812	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201812	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201812	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	551177
201812	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	178
201812	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	16495
201812	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	1984
201812	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	15081
201812	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	15
201812	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	64
201812	APPL	047	YOU ARE APPROVED FOR MEDICAID THROUGH THE TICKET TO WORK PROGRAM	1
201812	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	59950
201812	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	142
201812	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	6
201812	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	7518
201812	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	241
201812	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	9
201812	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201812	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	3
201812	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	7
201812	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	2
201812	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	195
201812	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	32
201812	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	17

201812	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	303
201812	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	300
201812	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	73
201812	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	71800
201812	APPL	096	YOU HAVE REQUESTED A HEARING	9
201812	APPL	099	THE ASSISTANCE GROUP HAS MOVED	2
201812	APPL	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	4
201812	APPL	110	DECREASE/LOSS OF EARNED INCOME	478
201812	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	126
201812	APPL	125	PROVISIONAL MEDICAID APPROVED	82
201812	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	30
201812	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	56
201812	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	42
201812	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	6597
201812	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	88
201812	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	584
201812	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	55
201812	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201812	APPL	154	INELIGIBLE FOR LONG TERM CARE MEDICAID	2
201812	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	138
201812	APPL	166	REPAYMENT OF SEVERANCE BENEFIT IS MORE THAN CASH AMOUNT	1
201812	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	29
201812	APPL	170	YOU ARE NOT AGE 65 OR OLDER	193
201812	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	2
201812	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	9
201812	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201812	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201812	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	3898
201812	APPL	179	FINANCIAL CONSENT WAS REVOKED	230
201812	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	6
201812	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201812	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201812	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	711
201812	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	5790
201812	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	2
201812	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	779
201812	APPL	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	1
201812	APPL	191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	1
201812	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201812	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	226
201812	APPL	201	NO CHILD SUPPORT DISREGARD	2
201812	APPL	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1
201812	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	5
201812	APPL	218	CHANGE IN FOOD STAMP BENEFITS	51
201812	APPL	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	1
201812	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	587
201812	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	5074
201812	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	34521
201812	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1602
201812	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	261
201812	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	57
201812	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	2
201812	APPL	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	1
201812	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	357
201812	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	15375
201812	APPL	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	2
201812	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	273
201812	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	43
201812	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	2242
201812	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201812	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	7
201812	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	25
201812	APPL	262	FAILURE TO MEET SHARE OF COST	5
201812	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	53
201812	APPL	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	2
201812	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	19
201812	APPL	267	INELIGIBLE DUE TO INCARCERATION	6
201812	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	56
201812	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	47
201812	APPL	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	2
201812	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	8
201812	APPL	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1
201812	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	7
201812	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	1
201812	APPL	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	24
201812	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	51
201812	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	4
201812	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1247
201812	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	25
201812	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1494
201812	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	3872
201812	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201812	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	145
201812	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	8
201812	APPL	319	WITHDRAWN - MCI LINK ERROR	1
201812	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	8
201812	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	6
201812	APPL	341	PARENT NOT INCAPACITED ANYMORE	3
201812	APPL	342	PARENT DID NOT PROVE INCAPACITY	2
201812	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2849
201812	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	2

201812	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	7
201812	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1269
201812	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	43
201812	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	30
201812	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	301
201812	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	52
201812	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	42
201812	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	273
201812	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	341
201812	APPL	354	YOU DID NOT VERIFY DISABILITY	34
201812	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	31
201812	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	68
201812	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	7
201812	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	330
201812	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	8
201812	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	2747
201812	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4753
201812	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	10
201812	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	19
201812	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	34
201812	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1446
201812	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	113
201812	APPL	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1
201812	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	16
201812	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3365
201812	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	45
201812	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	7
201812	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	68084
201812	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4281
201812	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	14
201812	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	526
201812	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	2
201812	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	36
201812	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	79
201812	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	350
201812	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	73
201812	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	175
201812	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2333
201812	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	95
201812	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	42
201812	APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	68
201812	APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	5
201812	APPL	389	WITHDRAWN - NO NOTICE GENERATED	98
201812	APPL	391	NO APPROPRIATE PLACEMENT	78
201812	APPL	398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	1
201812	APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	898
201812	APPL	403	CHILD AGE 19 OR OLDER	3
201812	APPL	404	CHILD AGE 21 OR OLDER	13
201812	APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	19
201812	APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	13
201812	APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	515
201812	APPL	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	3
201812	APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	6
201812	APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201812	APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	16
201812	APPL	421	ELIGIBLE CHILD HAS TURNED 18	5
201812	APPL	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	1
201812	APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	5
201812	APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	67
201812	APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	9
201812	APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	1
201812	APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	10
201812	APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	74
201812	APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	1735
201812	APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	2
201812	APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	4
201812	APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	219
201812	APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	40
201812	APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	29
201812	APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	2
201812	APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	2
201812	APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	6
201812	APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	2
201812	APPL	451	YOU NO LONGER NEED CANCER TREATMENT	2
201812	APPL	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	1
201812	APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	4
201812	APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	7
201812	APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	63
201812	APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	160
201812	APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	82
201812	APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	3413
201812	APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	845
201812	APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	330
201812	APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	13061
201812	APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	5547
201812	APPL	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	5
201812	APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	4
201812	APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3
201812	APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1548
201812	APPL	491	RECEIPT OF EARNED INCOME	1782
201812	APPL	492	UNEARNED INCOME HAS INCREASED	6913

201812	APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	522
201812	APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	130
201812	APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	29
201812	APPL	496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	1
201812	APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	837
201812	APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	201
201812	APPL	499	RECEIPT OF VETERANS BENEFITS	1
201812	APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201812	APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	27
201812	APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	24
201812	APPL	512	ACCOUNT TRANSFER TO FHK	75
201812	APPL	514	ACCOUNT TRANSFER TO FFM	62227
201812	APPL	515	ACCOUNT TRANSFER TO FFM/FHK	30624
201812	APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	661
201812	APPL	521	REOPENED CASE CLOSED IN ERROR	6
201812	APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	117
201812	APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	43
201812	APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	70
201812	APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	23600
201812	APPL	527	CONTINUATION OF POST PARTUM MEDICAID	21
201812	APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	38424
201812	APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	6
201812	APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	375
201812	APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201812	APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	209
201812	APPL	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	2
201812	APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201812	APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	1820
201812	APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	9
201812	APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	2
201812	APPL	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	3
201812	APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	2
201812	APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201812	APPL	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201812	APPL	821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	1
201812	APPL	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201812	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	2
201812	APPL	983	CHILD VOLUNTARILY PLACED IN FOSTER CARE	2
201812	CLOS	010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	1
201812	CLOS	016	DUE TO A CHANGE IN SOCIAL SECURITY ADMINISTRATION (SSA) BENEFIT	1
201812	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	32
201812	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	47
201812	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	2
201812	CLOS	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	1
201812	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2
201812	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	5
201812	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	4
201812	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	4
201812	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	39
201812	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	1
201812	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	10
201812	CLOS	051	MONTHLY SHARE OF COST HAS BEEN MET	1
201812	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	3
201812	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201812	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	1
201812	CLOS	057	RELOCATION ASSISTANCE APPROVED	2
201812	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	5
201812	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201812	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201812	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	23
201812	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	90
201812	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	1
201812	CLOS	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	1
201812	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	4
201812	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	25
201812	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	5
201812	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	14
201812	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201812	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	32
201812	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	12
201812	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	9
201812	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	3
201812	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	2
201812	CLOS	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	1
201812	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	556
201812	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	50
201812	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	20
201812	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	3
201812	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	6
201812	CLOS	110	DECREASE/LOSS OF EARNED INCOME	94
201812	CLOS	110	DECREASE/LOSS OF EARNED INCOME	3
201812	CLOS	110	DECREASE/LOSS OF EARNED INCOME	27
201812	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201812	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	6
201812	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	5
201812	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	3
201812	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	6
201812	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	5
201812	CLOS	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1
201812	CLOS	155	ELIGIBLE FOR MEDICAID SERVICES OTHER THAN LONG TERM CARE	1
201812	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	19

201812	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED. 7
201812	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH 3
201812	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA 215
201812	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA 51
201812	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA 489
201812	CLOS	170	YOU ARE NOT AGE 65 OR OLDER 3
201812	CLOS	170	YOU ARE NOT AGE 65 OR OLDER 7
201812	CLOS	170	YOU ARE NOT AGE 65 OR OLDER 4
201812	CLOS	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL 1
201812	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE 6
201812	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE 67
201812	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED 1
201812	CLOS	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER 1
201812	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S) 13
201812	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S) 4
201812	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S) 249
201812	CLOS	179	FINANCIAL CONSENT WAS REVOKED 104
201812	CLOS	179	FINANCIAL CONSENT WAS REVOKED 2
201812	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE 5
201812	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE 1
201812	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE 2
201812	CLOS	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE 1
201812	CLOS	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE 1
201812	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION 482
201812	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION 44
201812	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION 108
201812	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM 3911
201812	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM 181
201812	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM 3504
201812	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS 2
201812	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS 20
201812	CLOS	190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE 1
201812	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 103
201812	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 12
201812	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS 1
201812	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD 1
201812	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD 20
201812	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH 6
201812	CLOS	218	CHANGE IN FOOD STAMP BENEFITS 3
201812	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS 1
201812	CLOS	220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS 1
201812	CLOS	221	FAILURE TO SUBMIT YOUR COMPLETED PERIODIC REPORTING FORM 2
201812	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 40972
201812	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 1374
201812	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE 68
201812	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 2
201812	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 16
201812	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD 1643
201812	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 9540
201812	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 1051
201812	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 41
201812	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 15
201812	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 56
201812	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 143
201812	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 66
201812	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10 10
201812	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 4
201812	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 1
201812	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 2
201812	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 6
201812	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 130049
201812	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 203
201812	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 10
201812	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 32
201812	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 889
201812	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 51326
201812	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A. 37
201812	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A. 3
201812	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS 2
201812	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS 1
201812	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 5
201812	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 4
201812	CLOS	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION 2
201812	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 1917
201812	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 431
201812	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 16
201812	CLOS	257	RELOCATION ASSISTANCE APPROVED 4
201812	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE 3
201812	CLOS	259	REPAYMENT OF RELOCATION BENEFIT IS MORE THAN TEMPORARY CASH 1
201812	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 3
201812	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 1
201812	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY 1
201812	CLOS	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY 3
201812	CLOS	262	FAILURE TO MEET SHARE OF COST 1
201812	CLOS	262	FAILURE TO MEET SHARE OF COST 4
201812	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 39
201812	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 119
201812	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 26
201812	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS 1
201812	CLOS	267	INELIGIBLE DUE TO INCARCERATION 145
201812	CLOS	267	INELIGIBLE DUE TO INCARCERATION 10

201812 CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	112
201812 CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID	452
201812 CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	15
201812 CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	15
201812 CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	3
201812 CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	249
201812 CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	29
201812 CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	2
201812 CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	34
201812 CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	9
201812 CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	388
201812 CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	20
201812 CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	7
201812 CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY	273
201812 CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	78
201812 CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD	6
201812 CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201812 CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED	1
201812 CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	7
201812 CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	6
201812 CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1
201812 CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	1
201812 CLOS	283	DECREASED BENEFITS DUE TO SHELTER COSTS	1
201812 CLOS	285	HURRICANE KATRINA EVACUEE	1
201812 CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1693
201812 CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	12
201812 CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET	1
201812 CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	1
201812 CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	58
201812 CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	880
201812 CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	2
201812 CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	1
201812 CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	12
201812 CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	3
201812 CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	19
201812 CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	9
201812 CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	8
201812 CLOS	305	MEDICAID QUALIFYING TRUST EXCEEDS ASSET LIMIT	1
201812 CLOS	319	WITHDRAWN - MCI LINK ERROR	4
201812 CLOS	320	INCOME FROM RENTAL PROPERTY	1
201812 CLOS	322	RECEIPT OF LUMP SUM PAYMENT	1
201812 CLOS	323	LUMP SUM INELIGIBILITY PERIOD CONTINUES	1
201812 CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	8
201812 CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	22
201812 CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	1
201812 CLOS	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201812 CLOS	341	PARENT NOT INCAPACITED ANYMORE	1
201812 CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	62
201812 CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	56
201812 CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	97
201812 CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	29
201812 CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	27
201812 CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	4247
201812 CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	2253
201812 CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	155
201812 CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	39
201812 CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	3251
201812 CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	32
201812 CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	8
201812 CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	52
201812 CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	21
201812 CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	499
201812 CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1061
201812 CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	70
201812 CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	10
201812 CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	14
201812 CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	149
201812 CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	31
201812 CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	4
201812 CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	3
201812 CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	12
201812 CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	172
201812 CLOS	354	YOU DID NOT VERIFY DISABILITY	2
201812 CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	52
201812 CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	5
201812 CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	2
201812 CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	35
201812 CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	186
201812 CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	165
201812 CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	219
201812 CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	39
201812 CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	1
201812 CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	31
201812 CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	847
201812 CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	10392
201812 CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	2
201812 CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	5
201812 CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	279
201812 CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	19
201812 CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	183
201812 CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	143

201812	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 4
201812	CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT 65
201812	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 2
201812	CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 1
201812	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 1
201812	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 6
201812	CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER 6
201812	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 17
201812	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 36
201812	CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER 3
201812	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 1
201812	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 30
201812	CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS 105
201812	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 1
201812	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 9
201812	CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS 5
201812	CLOS	367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET 1
201812	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 142
201812	CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT 2
201812	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 13
201812	CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED 4003
201812	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 865
201812	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 247
201812	CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 33
201812	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 1
201812	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 30
201812	CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION. 455
201812	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES 1
201812	CLOS	372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES 2
201812	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 3
201812	CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED 3
201812	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 8062
201812	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 7444
201812	CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM 108
201812	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 5
201812	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 131
201812	CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. 192
201812	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 133
201812	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 90
201812	CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS 17
201812	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 5
201812	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 68
201812	CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT 116
201812	CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS 4
201812	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 899
201812	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 95
201812	CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU 18
201812	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 16
201812	CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS 4
201812	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 161
201812	CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 39
201812	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 81
201812	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 6
201812	CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN 346
201812	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 4614
201812	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 14
201812	CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT 404
201812	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 424
201812	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 39
201812	CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM 3269
201812	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 3085
201812	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 49
201812	CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM 391
201812	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 29
201812	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 1
201812	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 504
201812	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 1238
201812	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 5
201812	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 78
201812	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 24
201812	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 275
201812	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 109
201812	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 3
201812	CLOS	391	NO APPROPRIATE PLACEMENT 6
201812	CLOS	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT 1
201812	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 110
201812	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 87
201812	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 2
201812	CLOS	397	NON TITLE IV-E CHILD PLACED IN FLORIDA BY ANOTHER STATE 1
201812	CLOS	399	PERSON IN THE ASSISTANCE GROUP IS ON STRIKE 1
201812	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 105
201812	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 4
201812	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED 1
201812	CLOS	403	CHILD AGE 19 OR OLDER 84
201812	CLOS	403	CHILD AGE 19 OR OLDER 278
201812	CLOS	403	CHILD AGE 19 OR OLDER 4
201812	CLOS	404	CHILD AGE 21 OR OLDER 8
201812	CLOS	404	CHILD AGE 21 OR OLDER 111
201812	CLOS	404	CHILD AGE 21 OR OLDER 693
201812	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 1
201812	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 4

201812	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 5
201812	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 4
201812	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 14
201812	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 1
201812	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 12
201812	CLOS	410	CHILD HAS BEEN ADOPTED 17
201812	CLOS	410	CHILD HAS BEEN ADOPTED 31
201812	CLOS	410	CHILD HAS BEEN ADOPTED 36
201812	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 3
201812	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 109
201812	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 1
201812	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 1
201812	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 2
201812	CLOS	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED 2
201812	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 48
201812	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 7
201812	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 162
201812	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 4
201812	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 2
201812	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 10
201812	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 2
201812	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 9
201812	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 61
201812	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 6
201812	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 164
201812	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 2
201812	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 569
201812	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 16
201812	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 2
201812	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 15
201812	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 816
201812	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 180
201812	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 5
201812	CLOS	434	RESERVED 5
201812	CLOS	435	RESERVED 3
201812	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 4
201812	CLOS	438	YOU DID NOT REPORT CHILD OUT OF THE HOME 3
201812	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 8
201812	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 2
201812	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 2
201812	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 1
201812	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 1
201812	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 4
201812	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 2
201812	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 5
201812	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 278
201812	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 3
201812	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 64
201812	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 4
201812	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 25
201812	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 23
201812	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 10
201812	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 40
201812	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 50
201812	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 6
201812	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 24
201812	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 4455
201812	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 5
201812	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1218
201812	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 1
201812	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 1
201812	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 490
201812	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 3048
201812	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 107
201812	CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME 869
201812	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 523
201812	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 20
201812	CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED 481
201812	CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED 1
201812	CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES 1
201812	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 6
201812	CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 11
201812	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 49
201812	CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER 2
201812	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 16
201812	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 142
201812	CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME 487
201812	CLOS	491	RECEIPT OF EARNED INCOME 258
201812	CLOS	491	RECEIPT OF EARNED INCOME 618
201812	CLOS	491	RECEIPT OF EARNED INCOME 22
201812	CLOS	492	UNEARNED INCOME HAS INCREASED 11
201812	CLOS	492	UNEARNED INCOME HAS INCREASED 155
201812	CLOS	492	UNEARNED INCOME HAS INCREASED 199
201812	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 3
201812	CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI) 5
201812	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 52
201812	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 10
201812	CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI) 56
201812	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 3
201812	CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE 1
201812	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 669

201812	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 3
201812	CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS 27
201812	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 15
201812	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 2
201812	CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS 36
201812	CLOS	500	INCREASE IN VETERANS BENEFITS 2
201812	CLOS	500	INCREASE IN VETERANS BENEFITS 2
201812	CLOS	501	INCOME OF BROTHER OR SISTER 50
201812	CLOS	501	INCOME OF BROTHER OR SISTER 6
201812	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 2
201812	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 25
201812	CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 3
201812	CLOS	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER 1
201812	CLOS	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED 1
201812	CLOS	508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY 1
201812	CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE. 2
201812	CLOS	512	ACCOUNT TRANSFER TO FHK 7
201812	CLOS	512	ACCOUNT TRANSFER TO FHK 6
201812	CLOS	514	ACCOUNT TRANSFER TO FFM 211
201812	CLOS	514	ACCOUNT TRANSFER TO FFM 21
201812	CLOS	514	ACCOUNT TRANSFER TO FFM 464
201812	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 184
201812	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 6
201812	CLOS	515	ACCOUNT TRANSFER TO FFM/FHK 19
201812	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 1664
201812	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 89
201812	CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING 63917
201812	CLOS	521	REOPENED CASE CLOSED IN ERROR 4
201812	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 2
201812	CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 2
201812	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 8
201812	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 1
201812	CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES 5
201812	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 8260
201812	CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED 60
201812	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 16
201812	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 2
201812	CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE 26
201812	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 3762
201812	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 14
201812	CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM 104
201812	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 6
201812	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 1
201812	CLOS	527	CONTINUATION OF POST PARTUM MEDICAID 34
201812	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 9085
201812	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 94
201812	CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY 907
201812	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 2
201812	CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS 104
201812	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 2873
201812	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 27
201812	CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED 205
201812	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 3
201812	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 5
201812	CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE 32
201812	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 61
201812	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 1
201812	CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY 10
201812	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 2
201812	CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG 71
201812	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 4
201812	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 2
201812	CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION 1
201812	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 426
201812	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 2475
201812	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL. 39864
201812	CLOS	591	CHILD PLACED BACK IN HOME 10
201812	CLOS	591	CHILD PLACED BACK IN HOME 177
201812	CLOS	591	CHILD PLACED BACK IN HOME 1
201812	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 7
201812	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME 70
201812	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME 4
201812	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY 1
201812	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY 5
201812	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY 3
201812	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 2
201812	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18 63
201812	CLOS	609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME 5
201812	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY 54
201812	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY 1
201812	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY 5
201812	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA 1
201812	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA 1
201812	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 1
201812	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 7
201812	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER 18
201812	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER 1
201812	CLOS	806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER 2
201812	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER 3
201812	CLOS	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER 1
201812	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME 2

201812	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	6
201812	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	4
201812	CLOS	822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	1
201812	CLOS	828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	1
201812	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201812	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201812	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	5
201812	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201812	CLOS	830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	1
201812	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201812	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201812	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	15
201812	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201812	CLOS	855	WE DID NOT ACCURATELY BUDGET YOUR EXPENSE	1
201812	CLOS	868	INELIGIBLE IDENTITY THEFT	3
201812	CLOS	871	ADDITIONAL AG IS NO LONGER VALID	2
201812	CLOS	881	EARNINGS DISCOVERED THROUGH THE NATIONAL DIRECTORY OF NEW HIRES	1
201812	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1
201812	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	5
201812	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	4
201812	CLOS	886	You under-reported the income of a household member.	1
201812	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	4
201812	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	3
201812	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	4
201812	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	6
201812	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201812	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201812	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	3
201812	CLOS	982	INTERCEPT TO ISSUE LESSER AMOUNT DUE TO CHANGE	2
201812	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201812	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1
201812	CLOS	987	INTERCEPTION AS A RESULT OF EBT	1
201901	APPL	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201901	APPL	012	STATEWIDE FOOD STAMP INCREASE	1
201901	APPL	013	STATEWIDE INCOME DEDUCTION INCREASE	1
201901	APPL	039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	1
201901	APPL	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	779047
201901	APPL	041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	230
201901	APPL	042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	21275
201901	APPL	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	2322
201901	APPL	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	19602
201901	APPL	045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	19
201901	APPL	046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	47
201901	APPL	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	78945
201901	APPL	051	MONTHLY SHARE OF COST HAS BEEN MET	193
201901	APPL	052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	10
201901	APPL	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	9651
201901	APPL	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	451
201901	APPL	061	NEW OR INCREASED DEPENDENT CARE COSTS	12
201901	APPL	062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	1
201901	APPL	063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	8
201901	APPL	064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	1
201901	APPL	070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	4
201901	APPL	080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	2
201901	APPL	081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	194
201901	APPL	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	27
201901	APPL	090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	19
201901	APPL	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	324
201901	APPL	093	YOU HAVE VERIFIED YOUR PREGNANCY	371
201901	APPL	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	52
201901	APPL	095	YOUR BENEFITS WILL REMAIN THE SAME	96668
201901	APPL	096	YOU HAVE REQUESTED A HEARING	7
201901	APPL	098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	4
201901	APPL	110	DECREASE/LOSS OF EARNED INCOME	545
201901	APPL	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	188
201901	APPL	121	THE WORK AND TRAINING ALLOWANCE HAS BEEN REMOVED	1
201901	APPL	125	PROVISIONAL MEDICAID APPROVED	86
201901	APPL	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	39
201901	APPL	141	MEDICAL SERVICES SHOULD BE BILLED UNDER PIN #	1
201901	APPL	143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	60
201901	APPL	144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	38
201901	APPL	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	7700
201901	APPL	146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	78
201901	APPL	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	789
201901	APPL	148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	47
201901	APPL	151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	1
201901	APPL	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	236
201901	APPL	169	YOU ARE NOT A RESIDENT OF FLORIDA	14
201901	APPL	170	YOU ARE NOT AGE 65 OR OLDER	129
201901	APPL	172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	2
201901	APPL	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	15
201901	APPL	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	2
201901	APPL	175	YOU REQUESTED NOT TO BE ENROLLED	1
201901	APPL	176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	1
201901	APPL	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	4037
201901	APPL	179	FINANCIAL CONSENT WAS REVOKED	288
201901	APPL	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	2
201901	APPL	181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	1
201901	APPL	182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	1
201901	APPL	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	4
201901	APPL	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1

201901	APPL	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	991
201901	APPL	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	7615
201901	APPL	187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	5
201901	APPL	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	814
201901	APPL	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	2
201901	APPL	192	FAIL -FINANCIAL CONSENT WAS REVOKED	1
201901	APPL	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	236
201901	APPL	201	NO CHILD SUPPORT DISREGARD	5
201901	APPL	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	12
201901	APPL	215	DUE TO A CHANGE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201901	APPL	218	CHANGE IN FOOD STAMP BENEFITS	55
201901	APPL	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	744
201901	APPL	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	6237
201901	APPL	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	45183
201901	APPL	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	2022
201901	APPL	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	295
201901	APPL	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10	69
201901	APPL	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	1
201901	APPL	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	315
201901	APPL	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	17957
201901	APPL	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	199
201901	APPL	254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	36
201901	APPL	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	3090
201901	APPL	257	RELOCATION ASSISTANCE APPROVED	2
201901	APPL	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	1
201901	APPL	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	13
201901	APPL	261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	17
201901	APPL	262	FAILURE TO MEET SHARE OF COST	7
201901	APPL	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	73
201901	APPL	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	10
201901	APPL	267	INELIGIBLE DUE TO INCARCERATION	5
201901	APPL	268	FAILED DUE TO AGED OUT OF MEDICAID	72
201901	APPL	269	FAILED DUE TO SSI INCOME/ELIGIBILITY	52
201901	APPL	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	4
201901	APPL	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	1
201901	APPL	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	4
201901	APPL	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	1
201901	APPL	280	DEPENDENT CARE COSTS HAVE DECREASED	97
201901	APPL	281	FAILURE TO VERIFY A UTILITY AMOUNT	8
201901	APPL	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	1967
201901	APPL	283	DECREASED BENEFITS DUE TO SHELTER COSTS	26
201901	APPL	290	ELIGIBILITY REQUIREMENTS NOT MET	1641
201901	APPL	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	4460
201901	APPL	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	3
201901	APPL	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	127
201901	APPL	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	7
201901	APPL	322	RECEIPT OF LUMP SUM PAYMENT	1
201901	APPL	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	10
201901	APPL	339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	7
201901	APPL	342	PARENT DID NOT PROVE INCAPACITY	1
201901	APPL	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	2454
201901	APPL	344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	2
201901	APPL	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	10
201901	APPL	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	1765
201901	APPL	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	37
201901	APPL	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	26
201901	APPL	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	381
201901	APPL	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	69
201901	APPL	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	61
201901	APPL	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	285
201901	APPL	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	83
201901	APPL	354	YOU DID NOT VERIFY DISABILITY	41
201901	APPL	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	42
201901	APPL	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	78
201901	APPL	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	7
201901	APPL	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	276
201901	APPL	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	6
201901	APPL	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	3365
201901	APPL	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	4974
201901	APPL	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201901	APPL	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	42
201901	APPL	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	85
201901	APPL	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1424
201901	APPL	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	131
201901	APPL	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	37
201901	APPL	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	3772
201901	APPL	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	69
201901	APPL	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	14
201901	APPL	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	78828
201901	APPL	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4884
201901	APPL	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	12
201901	APPL	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	754
201901	APPL	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201901	APPL	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	45
201901	APPL	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	98
201901	APPL	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	246
201901	APPL	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	64
201901	APPL	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	144
201901	APPL	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2227
201901	APPL	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	111
201901	APPL	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	60

201901 APPL	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	69
201901 APPL	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	4
201901 APPL	389	WITHDRAWN - NO NOTICE GENERATED	155
201901 APPL	390	FAILED DUE TO EMPLOYMENT HOURS	3
201901 APPL	391	NO APPROPRIATE PLACEMENT	48
201901 APPL	392	FAILED DUE TO FLORIDA PLACEMENT	1
201901 APPL	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	971
201901 APPL	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	1
201901 APPL	403	CHILD AGE 19 OR OLDER	5
201901 APPL	404	CHILD AGE 21 OR OLDER	6
201901 APPL	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	15
201901 APPL	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	29
201901 APPL	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	432
201901 APPL	410	CHILD HAS BEEN ADOPTED	1
201901 APPL	414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	1
201901 APPL	415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	3
201901 APPL	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	8
201901 APPL	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	1
201901 APPL	420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	13
201901 APPL	421	ELIGIBLE CHILD HAS TURNED 18	3
201901 APPL	423	MEDICARE PART-A PREMIUM PAID BY STATE	6
201901 APPL	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	81
201901 APPL	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	7
201901 APPL	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	8
201901 APPL	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	3
201901 APPL	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	73
201901 APPL	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	2262
201901 APPL	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	2
201901 APPL	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	3
201901 APPL	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	332
201901 APPL	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	63
201901 APPL	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	49
201901 APPL	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	1
201901 APPL	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	3
201901 APPL	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	7
201901 APPL	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	5
201901 APPL	450	YOU DO NOT HAVE ANY MEDICAL BILLS	6
201901 APPL	451	YOU NO LONGER NEED CANCER TREATMENT	4
201901 APPL	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	6
201901 APPL	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	9
201901 APPL	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	92
201901 APPL	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	194
201901 APPL	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	80
201901 APPL	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	1
201901 APPL	461	CHILD(REN) ADDED AT ZERO BENEFIT	1
201901 APPL	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	3758
201901 APPL	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	949
201901 APPL	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	417
201901 APPL	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	15098
201901 APPL	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	8946
201901 APPL	473	THE 1/3 EARNED INCOME DISREGARD HAS EXPIRED	1
201901 APPL	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	7
201901 APPL	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201901 APPL	490	YOU DID NOT VERIFY UNEARNED INCOME	1759
201901 APPL	491	RECEIPT OF EARNED INCOME	2556
201901 APPL	492	UNEARNED INCOME HAS INCREASED	5212
201901 APPL	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	403
201901 APPL	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	180
201901 APPL	495	INCREASE IN TEMPORARY CASH ASSISTANCE	38
201901 APPL	497	INCREASE IN SOCIAL SECURITY BENEFITS	314
201901 APPL	498	RECEIPT OF SOCIAL SECURITY BENEFITS	167
201901 APPL	500	INCREASE IN VETERANS BENEFITS	6
201901 APPL	504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	1
201901 APPL	505	DEEMED INCOME OF A SPOUSE	3
201901 APPL	507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	23
201901 APPL	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	31
201901 APPL	512	ACCOUNT TRANSFER TO FHK	49
201901 APPL	514	ACCOUNT TRANSFER TO FFM	70891
201901 APPL	515	ACCOUNT TRANSFER TO FFM/FHK	32535
201901 APPL	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	240
201901 APPL	521	REOPENED CASE CLOSED IN ERROR	3
201901 APPL	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	138
201901 APPL	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	38
201901 APPL	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	61
201901 APPL	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	28395
201901 APPL	527	CONTINUATION OF POST PARTUM MEDICAID	19
201901 APPL	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	45449
201901 APPL	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	10
201901 APPL	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	289
201901 APPL	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1
201901 APPL	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	256
201901 APPL	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	19
201901 APPL	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	830
201901 APPL	601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	16
201901 APPL	604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	1
201901 APPL	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1
201901 APPL	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1
201901 APPL	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	5
201901 APPL	813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	1
201901 APPL	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	1
201901 APPL	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	1

201901	APPL	949	DSNAP SUPPLEMENTS DO NOT USE FOR REGULAR FA BENEFITS	1
201901	APPL	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	1
201901	APPL	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201901	APPL	980	RETURNED MAIL	3
201901	CLOS	001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	1
201901	CLOS	021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	2
201901	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	31
201901	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	3
201901	CLOS	040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	15
201901	CLOS	043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	4
201901	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	3
201901	CLOS	044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	5
201901	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	2
201901	CLOS	049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	1
201901	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	26
201901	CLOS	050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	11
201901	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	2
201901	CLOS	054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	8
201901	CLOS	060	CHANGE IN SHELTER AND/OR UTILITY COSTS	1
201901	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	52
201901	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	1
201901	CLOS	082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	6
201901	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	2
201901	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	5
201901	CLOS	092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	15
201901	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	16
201901	CLOS	093	YOU HAVE VERIFIED YOUR PREGNANCY	1
201901	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	23
201901	CLOS	094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	9
201901	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	3
201901	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	1
201901	CLOS	095	YOUR BENEFITS WILL REMAIN THE SAME	3
201901	CLOS	096	YOU HAVE REQUESTED A HEARING	3
201901	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	7
201901	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	32
201901	CLOS	099	THE ASSISTANCE GROUP HAS MOVED	509
201901	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	12
201901	CLOS	100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	11
201901	CLOS	110	DECREASE/LOSS OF EARNED INCOME	28
201901	CLOS	110	DECREASE/LOSS OF EARNED INCOME	55
201901	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	2
201901	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	1
201901	CLOS	120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	2
201901	CLOS	125	PROVISIONAL MEDICAID APPROVED	1
201901	CLOS	140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	1
201901	CLOS	145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	2
201901	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201901	CLOS	147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	2
201901	CLOS	161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	17
201901	CLOS	164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	2
201901	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	144
201901	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	47
201901	CLOS	169	YOU ARE NOT A RESIDENT OF FLORIDA	261
201901	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	5
201901	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	8
201901	CLOS	170	YOU ARE NOT AGE 65 OR OLDER	3
201901	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2
201901	CLOS	173	YOU ARE NOT ELIGIBLE FOR MEDICARE	33
201901	CLOS	174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTEMANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	1
201901	CLOS	175	YOU REQUESTED NOT TO BE ENROLLED	6
201901	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	224
201901	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	21
201901	CLOS	178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	3
201901	CLOS	179	FINANCIAL CONSENT WAS REVOKED	100
201901	CLOS	180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	8
201901	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	1
201901	CLOS	183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	2
201901	CLOS	184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	1
201901	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	68
201901	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	311
201901	CLOS	185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	38
201901	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	128
201901	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	2783
201901	CLOS	186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	2983
201901	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	15
201901	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	4
201901	CLOS	188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	1
201901	CLOS	189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	1
201901	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	7
201901	CLOS	199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	95
201901	CLOS	201	NO CHILD SUPPORT DISREGARD	2
201901	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	6
201901	CLOS	204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	2
201901	CLOS	210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	4
201901	CLOS	218	CHANGE IN FOOD STAMP BENEFITS	2
201901	CLOS	219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	2
201901	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	1084
201901	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	25
201901	CLOS	227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	30288
201901	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	1116
201901	CLOS	240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	18

201901	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 782
201901	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 27
201901	CLOS	241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 7220
201901	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 31
201901	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 1
201901	CLOS	242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM. 10
201901	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD 1
201901	CLOS	243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD 1
201901	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 122
201901	CLOS	244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD 41
201901	CLOS	245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS $10 5
201901	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 6
201901	CLOS	246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165% 3
201901	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 4
201901	CLOS	247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS 4
201901	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 204906
201901	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 279
201901	CLOS	248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING 16
201901	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 26
201901	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 738
201901	CLOS	249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM 32647
201901	CLOS	250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A. 35
201901	CLOS	251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS 1
201901	CLOS	253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM 3
201901	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 1402
201901	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 361
201901	CLOS	255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID 17
201901	CLOS	257	RELOCATION ASSISTANCE APPROVED 1
201901	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE 1
201901	CLOS	258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE 1
201901	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 2
201901	CLOS	260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST 1
201901	CLOS	262	FAILURE TO MEET SHARE OF COST 1
201901	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 26
201901	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 78
201901	CLOS	263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST 10
201901	CLOS	264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST 4
201901	CLOS	265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS 5
201901	CLOS	267	INELIGIBLE DUE TO INCARCERATION 86
201901	CLOS	267	INELIGIBLE DUE TO INCARCERATION 3
201901	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 29
201901	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 1
201901	CLOS	268	FAILED DUE TO AGED OUT OF MEDICAID 86
201901	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 7
201901	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 2
201901	CLOS	269	FAILED DUE TO SSI INCOME/ELIGIBILITY 21
201901	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 1
201901	CLOS	270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT 198
201901	CLOS	271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS 9
201901	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 4
201901	CLOS	272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT 42
201901	CLOS	273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS 403
201901	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 17
201901	CLOS	274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION 6
201901	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME 1
201901	CLOS	275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME 6
201901	CLOS	276	CLOSED DUE TO SUNCAP ELIGIBILITY 66
201901	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 2
201901	CLOS	277	MEDICAID DATE MORE THAN SIX MONTHS OLD 4
201901	CLOS	280	DEPENDENT CARE COSTS HAVE DECREASED 1
201901	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 2
201901	CLOS	282	YOUR SHELTER OR UTILITY COST(S) IS LOWER 4
201901	CLOS	285	HURRICANE KATRINA EVACUEE 1
201901	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 993
201901	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 2
201901	CLOS	290	ELIGIBILITY REQUIREMENTS NOT MET 1
201901	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 1
201901	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 42
201901	CLOS	300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM 661
201901	CLOS	301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS 1
201901	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 11
201901	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 1
201901	CLOS	303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS 23
201901	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 7
201901	CLOS	304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE 6
201901	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 5
201901	CLOS	324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER 2
201901	CLOS	338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION 1
201901	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 77
201901	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 32
201901	CLOS	343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT 50
201901	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 29
201901	CLOS	345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT 10
201901	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 1595
201901	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 129
201901	CLOS	346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM 2840
201901	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 3944
201901	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 4
201901	CLOS	347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM 76
201901	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 8
201901	CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP 1

201901 CLOS	348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	22
201901 CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	346
201901 CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	6
201901 CLOS	349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	22
201901 CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	39
201901 CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1
201901 CLOS	350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	1272
201901 CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	12
201901 CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	2
201901 CLOS	351	YOU RECEIVED BENEFITS IN ANOTHER STATE	6
201901 CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	23
201901 CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	2
201901 CLOS	352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	148
201901 CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	51
201901 CLOS	353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	6
201901 CLOS	354	YOU DID NOT VERIFY DISABILITY	6
201901 CLOS	354	YOU DID NOT VERIFY DISABILITY	1
201901 CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	43
201901 CLOS	355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	12
201901 CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	97
201901 CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	32
201901 CLOS	356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	96
201901 CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	165
201901 CLOS	357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	17
201901 CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	688
201901 CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	23
201901 CLOS	358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	10160
201901 CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	16
201901 CLOS	359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	1
201901 CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	209
201901 CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	31
201901 CLOS	360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	148
201901 CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	76
201901 CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	7
201901 CLOS	361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	38
201901 CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	5
201901 CLOS	362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	1
201901 CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	2
201901 CLOS	363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	24
201901 CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	40
201901 CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	50
201901 CLOS	364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	1
201901 CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	23
201901 CLOS	365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	81
201901 CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	8
201901 CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	5
201901 CLOS	366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	2
201901 CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	1
201901 CLOS	368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	143
201901 CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	4683
201901 CLOS	369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	19
201901 CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	134
201901 CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	43
201901 CLOS	370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	667
201901 CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	399
201901 CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	2
201901 CLOS	371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	26
201901 CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	4
201901 CLOS	373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	3
201901 CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	6088
201901 CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	5929
201901 CLOS	374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	74
201901 CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	4
201901 CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	88
201901 CLOS	375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	128
201901 CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	85
201901 CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	69
201901 CLOS	376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	8
201901 CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	38
201901 CLOS	377	INDIVIDUAL IS AN INELIGIBLE STUDENT	121
201901 CLOS	378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	1
201901 CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	608
201901 CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	65
201901 CLOS	379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	22
201901 CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	1
201901 CLOS	380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	2
201901 CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	80
201901 CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	25
201901 CLOS	381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201901 CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	2
201901 CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	68
201901 CLOS	382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	237
201901 CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	5816
201901 CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	490
201901 CLOS	383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	19
201901 CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	33
201901 CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	374
201901 CLOS	384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	2957
201901 CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	2292
201901 CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	423
201901 CLOS	385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	33

201901	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 12
201901	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 179
201901	CLOS	386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM. 614
201901	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 885
201901	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 77
201901	CLOS	387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE 3
201901	CLOS	388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE 7
201901	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 150
201901	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 5
201901	CLOS	389	WITHDRAWN - NO NOTICE GENERATED 59
201901	CLOS	391	NO APPROPRIATE PLACEMENT 1
201901	CLOS	391	NO APPROPRIATE PLACEMENT 3
201901	CLOS	392	FAILED DUE TO FLORIDA PLACEMENT 1
201901	CLOS	395	FAILED DUE TO VOLUNTARY RELINQUISHMENT 1
201901	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 98
201901	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 107
201901	CLOS	396	CHILD REMOVED FROM HOME DUE TO COURT ORDER 1
201901	CLOS	400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID. 99
201901	CLOS	402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED 1
201901	CLOS	403	CHILD AGE 19 OR OLDER 46
201901	CLOS	403	CHILD AGE 19 OR OLDER 228
201901	CLOS	403	CHILD AGE 19 OR OLDER 5
201901	CLOS	404	CHILD AGE 21 OR OLDER 4
201901	CLOS	404	CHILD AGE 21 OR OLDER 37
201901	CLOS	404	CHILD AGE 21 OR OLDER 540
201901	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 2
201901	CLOS	406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS 3
201901	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 2
201901	CLOS	407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES 2
201901	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 2
201901	CLOS	409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY 6
201901	CLOS	410	CHILD HAS BEEN ADOPTED 5
201901	CLOS	410	CHILD HAS BEEN ADOPTED 67
201901	CLOS	410	CHILD HAS BEEN ADOPTED 15
201901	CLOS	416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT 2
201901	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 122
201901	CLOS	417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS 1
201901	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 2
201901	CLOS	419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED 1
201901	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 140
201901	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 37
201901	CLOS	421	ELIGIBLE CHILD HAS TURNED 18 2
201901	CLOS	422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT 1
201901	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 21
201901	CLOS	424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE 9
201901	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 46
201901	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 122
201901	CLOS	425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM 3
201901	CLOS	426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION 1
201901	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 246
201901	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 3
201901	CLOS	427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18 22
201901	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 1
201901	CLOS	428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS 12
201901	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 525
201901	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 145
201901	CLOS	433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM 2
201901	CLOS	434	RESERVED 1
201901	CLOS	435	RESERVED 2
201901	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201901	CLOS	436	YOU DID NOT VERIFY SCHOOL ATTENDANCE 1
201901	CLOS	437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY 4
201901	CLOS	439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION 6
201901	CLOS	440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION 3
201901	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 2
201901	CLOS	441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION 1
201901	CLOS	442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE 1
201901	CLOS	443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME 1
201901	CLOS	446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213 3
201901	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 1
201901	CLOS	447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET. 2
201901	CLOS	451	YOU NO LONGER NEED CANCER TREATMENT 1
201901	CLOS	452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT 4
201901	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 489
201901	CLOS	453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE 1
201901	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 54
201901	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 9
201901	CLOS	454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you. 1
201901	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 19
201901	CLOS	456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER. 4
201901	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 33
201901	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 6
201901	CLOS	458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW. 13
201901	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 20
201901	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 10
201901	CLOS	459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION. 37
201901	CLOS	460	CHILD(REN) ADDED AT ONE-HALF BENEFIT 1
201901	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 1
201901	CLOS	465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE 3570
201901	CLOS	466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE 1018
201901	CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE 410

201901 CLOS	467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	1
201901 CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	723
201901 CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	79
201901 CLOS	470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	2419
201901 CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	364
201901 CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	13
201901 CLOS	471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	359
201901 CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201901 CLOS	472	THE $30.00 EARNED INCOME DISREGARD HAS EXPIRED	1
201901 CLOS	474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	1
201901 CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	7
201901 CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	4
201901 CLOS	482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201901 CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1
201901 CLOS	483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	43
201901 CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	114
201901 CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	19
201901 CLOS	490	YOU DID NOT VERIFY UNEARNED INCOME	392
201901 CLOS	491	RECEIPT OF EARNED INCOME	160
201901 CLOS	491	RECEIPT OF EARNED INCOME	9
201901 CLOS	491	RECEIPT OF EARNED INCOME	366
201901 CLOS	492	UNEARNED INCOME HAS INCREASED	158
201901 CLOS	492	UNEARNED INCOME HAS INCREASED	3
201901 CLOS	492	UNEARNED INCOME HAS INCREASED	217
201901 CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	4
201901 CLOS	493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
201901 CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	6
201901 CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	33
201901 CLOS	494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	59
201901 CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201901 CLOS	495	INCREASE IN TEMPORARY CASH ASSISTANCE	1
201901 CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	4
201901 CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	542
201901 CLOS	497	INCREASE IN SOCIAL SECURITY BENEFITS	36
201901 CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	7
201901 CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	25
201901 CLOS	498	RECEIPT OF SOCIAL SECURITY BENEFITS	2
201901 CLOS	499	RECEIPT OF VETERANS BENEFITS	1
201901 CLOS	501	INCOME OF BROTHER OR SISTER	1
201901 CLOS	501	INCOME OF BROTHER OR SISTER	30
201901 CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	10
201901 CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	1
201901 CLOS	502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	3
201901 CLOS	503	DEEMED INCOME FROM A SPONSOR	1
201901 CLOS	503	DEEMED INCOME FROM A SPONSOR	1
201901 CLOS	506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	1
201901 CLOS	510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	3
201901 CLOS	512	ACCOUNT TRANSFER TO FHK	10
201901 CLOS	512	ACCOUNT TRANSFER TO FHK	1
201901 CLOS	514	ACCOUNT TRANSFER TO FFM	183
201901 CLOS	514	ACCOUNT TRANSFER TO FFM	19
201901 CLOS	514	ACCOUNT TRANSFER TO FFM	330
201901 CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	114
201901 CLOS	515	ACCOUNT TRANSFER TO FFM/FHK	24
201901 CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	558
201901 CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	32
201901 CLOS	520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	61122
201901 CLOS	521	REOPENED CASE CLOSED IN ERROR	6
201901 CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1
201901 CLOS	522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	2
201901 CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	2
201901 CLOS	523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	4
201901 CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	7069
201901 CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	24
201901 CLOS	524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	1
201901 CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	7
201901 CLOS	525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	18
201901 CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	2986
201901 CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	71
201901 CLOS	526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	7
201901 CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	4
201901 CLOS	527	CONTINUATION OF POST PARTUM MEDICAID	30
201901 CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	7132
201901 CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	676
201901 CLOS	528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILTY	106
201901 CLOS	529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	68
201901 CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	1549
201901 CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	12
201901 CLOS	530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	96
201901 CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	6
201901 CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	2
201901 CLOS	531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	32
201901 CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	39
201901 CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	1
201901 CLOS	532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	10
201901 CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	4
201901 CLOS	533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	62
201901 CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	3
201901 CLOS	534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	5
201901 CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	445
201901 CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	43

201901	CLOS	535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	40456
201901	CLOS	591	CHILD PLACED BACK IN HOME	4
201901	CLOS	591	CHILD PLACED BACK IN HOME	6
201901	CLOS	591	CHILD PLACED BACK IN HOME	113
201901	CLOS	605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	51
201901	CLOS	606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	1
201901	CLOS	607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	1
201901	CLOS	608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	60
201901	CLOS	610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	28
201901	CLOS	611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	2
201901	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	3
201901	CLOS	801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	1
201901	CLOS	802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	2
201901	CLOS	803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	1
201901	CLOS	807	YOU DID NOT REPORT CASH CONTRIBUTIONS RECEIVED BY A MEMBER	1
201901	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	5
201901	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201901	CLOS	818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	1
201901	CLOS	819	YOU DID NOT REPORT YOUR MARRIAGE	1
201901	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201901	CLOS	820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	1
201901	CLOS	829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	1
201901	CLOS	835	YOU SOLD OR TRIED TO SELL FOOD STAMP BENEFITS	1
201901	CLOS	841	YOU DID NOT REPORT OTHER NON-EARNED INCOME RECEIVED BY A HOUSEHOLD MEMBER	1
201901	CLOS	844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	1
201901	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	13
201901	CLOS	851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNED 18/21	10
201901	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	3
201901	CLOS	853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	1
201901	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	2
201901	CLOS	885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	13
201901	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201901	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	3
201901	CLOS	892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	1
201901	CLOS	956	ASYLUM ASSISTANCE FOR FAMILIES	1
201901	CLOS	975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	12
201901	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	2
201901	CLOS	976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	3
201901	CLOS	977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	1
201901	CLOS	978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	2
201901	CLOS	986	HOLD ON BENEFIT DUE TO AGENCY ERROR	1

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

June 19, 2023 Case: [redacted] Phone: (866) 762-2237

F[redacted] M[redacted]
[redacted]

Dear F[redacted] M[redacted]

The following is information about your eligibility.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on June 30, 2023.

Name

R[redacted]
A[redacted]
P[redacted]
P[redacted]
F[redacted] M[redacted]

Reason: YOUR MEDICAID FOR THIS PERIOD IS ENDING

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S),

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for SNAP (Food Assistance)
If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

If you are no longer eligible for Medicaid
You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Options for Healthcare
Below you will find several options where you may be able to obtain health care for yourself and your family if you are not eligible for Medicaid.

Florida KidCare

If you have children under 18 and your child no longer qualifies for Medicaid, Florida KidCare is a low-cost option to keep your children covered with high-quality health and dental insurance. We will automatically share your information with Florida KidCare (floridakidcare.org) and they will send you a letter about how to sign up. Many families pay just $15 or $20 a month to cover all qualifying children in the household. Keep an eye out for a notice from Florida KidCare.

Federally Subsidized Health Programs

Healthcare.gov provides health insurance, including low-cost subsidized income-based plans. You can also contact their call center at 1-800-318-2596 (TTY: 1-855-889-4325). You can start your application now to obtain coverage as soon as possible. Answer "Yes" when asked if anyone has been found not eligible or had coverage terminated for Medicaid or Children's Health Insurance in the last 90 days.

Healthcare Navigators

Healthcare Navigators provide free services to individuals who need help to find the best health insurance options within the Federal Marketplace. The Florida Chief Financial Officer provides a list of Florida-registered and federally certified Navigators at myfloridacfo.com. You can contact these organizations directly at any time.

The Florida Chief Financial Officer webpage also provides a resource guide on Health Insurance and HMO Overview at myfloridacfo.com.

Federally Qualified Health Centers (FQHCs) and Look-Alikes (LALs)

FQHCs are not insurance but health care providers who provide medical care for clients with limited or no health insurance. Services are offered on a sliding scale based on income. You can locate FQHCs and LALs by State at data.hrsa.gov.

Commercial Coverage

Provides health care coverage (including employer sponsored or private) for a monthly fee, and coordinate care for clients through a defined network of physicians and hospitals. The Florida Chief Financial Officer's website provides guidance on purchasing insurance at myfloridacfo.com.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under “Find Us”. You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida’s Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child’s parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب.
850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

April 4, 2023 Case: [redacted] Phone: (727) 373-1731

A[redacted] H[redacted]
[redacted]

Dear A[redacted] H[redacted]

The following is information about your eligibility.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on April 30, 2023.

Name

[redacted]

A[redacted] H[redacted]

Reason: YOUR MEDICAID FOR THIS PERIOD IS ENDING

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), 65A-1.704

For Medicaid, if you complete your review and return all information we asked you to give us by the 90 th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at http://www.myflorida.com/accessflorida/ using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list . To locate a DCF Office, go to www.myflfamilies.com/access-service-centers .

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30 th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under “Find Us”. You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida’s Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child’s parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب.
850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે.
850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ
โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

DECLARATION OF KIMBER TAYLOR

I, Kimber Taylor, hereby declare under the pains and penalties of perjury that the following is true and correct and based on personal knowledge:

1. I am 33 years old and live with my infant son, K.H., in Jacksonville, Fl.
2. I applied for Medicaid in October 2022 after learning I was pregnant and was covered by Medicaid throughout my pregnancy.
3. My son was born on May 14, 2023 and he became active to Medicaid beginning June 2023. However, he was presumptively Medicaid eligible beginning October 1, 2022 as an "unborn baby."
4. I work for a local nonprofit whose mission is to provide better living, working, educational, social, and recreational opportunities for adults with special needs. When I am working full time, my annual income is approximately $ 32,000.
5. I started unpaid maternity leave on May 11, 2023, and I am not currently being paid any income by my employer. Thus, I have been without income for three months. My maternity leave will end on August 1, 2023.
6. On March 20, 2023, DCF sent me a notice stating that I needed to renew my Medicaid eligibility. I promptly provided DCF with all of the information requested.

7. I received a notice from DCF dated April 26, 2023 stating that I was found eligible for continued Medicaid. The notice also stated that coverage for my unborn baby would begin when DCF was notified of the birth, and that the baby would continue to be eligible from "June 2023 ongoing."

8. On June 8, 2023, DCF issued a second notice stating that Medicaid for both K.H. and I would end on June 30, 2023. A copy of the notice is attached; the page numbers were added to the original notice.

9. The June 8th notice was very confusing. Page two of the notice said that "We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid." I did not understand this. It did not say what income DCF thought I had; my income had not changed since we were found eligible for Medicaid in April 2023.

10. The notice then said that K.H. is enrolled in the Medically Needy program with a share of cost of $ 3644.00 from July 2023 ongoing. I did not understand what that meant. The notice went on to say that we were both ineligible for Medically Needy for May and June, which also made no sense to me. The reason given was "YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM." It was not clear to me what other "program" the notice was referring to.

11. On page five, the notice said that Medicaid benefits for both of us would end on June 30, 2023. The reason stated is: "YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP." I did not understand what this meant.

12. It did not make sense that DCF could find my child and me eligible for Medicaid in April, but then some forty days later, change its position and state that our Medicaid would end. The notice did not explain what had changed.

13. I was extremely upset by the notice saying Medicaid would end. Being cut off of health coverage has caused me to feel anxiety and even have panic attacks. The April 2023 notice stated that K.H. and I were both eligible for Medicaid. The June 8th notice stated that we are no longer eligible for Medicaid without a clear explanation of the reasons for the change in DCF's determination. The conflicting notices left me frustrated and confused. I did not understand how my newborn son and I – a person who had very recently given birth – could lose Medicaid coverage.

14. I know how important health coverage is for my new baby and for me. My baby needs his regular checkups. On July 19, 2023, K.H. had his regular check-up which included receiving his first set of vaccines. I brought K.H. to

the appointment even though we did not have Medicaid coverage. Thankfully, his pediatrician agreed to see us and give K.H. his vaccines even though K.H. did not have health insurance. I received a bill for $555.00 from that appointment.

15. After getting DCF's June 8th notice, I called the DCF office to ask for someone who could explain what happened, and why it appeared we lost our Medicaid coverage. It was hard to get through and speak to an actual person, and I was on hold for at least an hour. Finally, I spoke with someone who told me I was over income.

16. The DCF staff person said that I could appeal but that I am over income. The staff person knew my son was two months old.

17. I read DCF's June 8th notice which said that if I "ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor." I did not appeal because the DCF staff person insisted I was over income and did not qualify for Medicaid and I didn't want to risk repaying the medical bills. I was also intimidated by the prospect of appealing the agency's decision on my own. I did not know anything about how to file an appeal, and I assumed I would lose because DCF staff said I was over income. If I lost at a hearing, there would be no

way I could afford to pay back anything. Like many young parents, I already have debt. I was concerned about taking on additional debt if I had to pay back benefits.

18. After reading the notices and talking to DCF staff, I still didn't understand why Medicaid ended for me and my son and if we should appeal. By the time my rights were adequately explained to me, I could no longer appeal and request continued benefits during the appeal.

19. DCF said I should apply for health care in the Marketplace, which I did. But they turned me down for health coverage and said I should apply for Medicaid! I was also referred to Florida Healthy Kids Corporation (FHKC) to get health insurance for K.H. But FHKC sent me a letter stating that K.H. was ineligible for the program because he is too young. Again, I was extremely frustrated and confused by the conflicting notices and confusing process.

20. In late July, a lady from my church learned about my son and I losing Medicaid. She helped connect me to a private insurance plan. Just after I signed up for the private insurance plan, I received a notice from DCF dated August 7, 2023 which informed me that my June 29, 2023 application for Medicaid was approved and that I was eligible for ongoing Medicaid coverage. Even though DCF corrected their error and reinstated my

Medicaid, the period of time I went without coverage was incredibly stressful for me. I had no income but still had to find a way to ensure that my newborn son got the vaccines and medical care he needed.

21. In light of the foregoing, I am concerned that other Medicaid recipients will experience the same problems we experienced. I respectfully request relief ordering DCF to reinstate Medicaid coverage for those who experienced those problems my family did.

Dated: Aug 16, 2023

Kimber Taylor
Kimber Taylor (Aug 16, 2023 17:24 EDT)

Kimber Taylor, Declarant

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families

June 8, 2023

Case: [redacted]

Phone: (352) 415-6249

KIMBER TAYLOR
[redacted]
JACKSONVILLE FL [redacted]

Dear Kimber Taylor

The following is information about your eligibility.

Cash Assistance

Your Cash Assistance application/review dated May 08, 2023 is **denied** for the following months:

Name	Jun, 2023	Jul, 2023
K[redacted] H[redacted]	Ineligible	Ineligible
Kimber Taylor	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-4.220

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for TCA (Cash Assistance)

If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verification.

If you are no longer eligible for Medicaid
You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated May 08, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	**Jul, 2023 Ongoing**
K[redacted] H[redacted]	Enrolled
Kimber Taylor	Ineligible
Share of Cost	$3644.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [redacted] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act , DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to

ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at http://www.myflorida.com/accessflorida/ to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?
Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is $800 and you go to the hospital on May 10th and receive a bill for $1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?
- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?
You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:
- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated May 08, 2023 is **denied** for the following months:

Name	May, 2023	Jun, 2023
K[redacted] H[redacted]	Ineligible	Ineligible
Kimber Taylor	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for TCA (Cash Assistance)
If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verification.

If you are no longer eligible for Medicaid
You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on June 30, 2023.

Name

K[redacted] H[redacted]

Kimber Taylor

Reason: YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for SNAP (Food Assistance)
If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

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Options for Healthcare
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Florida KidCare

If you have children under 18 and your child no longer qualifies for Medicaid, Florida KidCare is a low-cost option to keep your children covered with high-quality health and dental insurance. We will automatically share your information with Florida KidCare (floridakidcare.org) and they will send you a letter about how to sign up. Many families pay just $15 or $20 a month to cover all qualifying children in the household. Keep an eye out for a notice from Florida KidCare.

Federally Subsidized Health Programs

Healthcare.gov provides health insurance, including low-cost subsidized income-based plans. You can also contact their call center at 1-800-318-2596 (TTY: 1-855-889-4325). You can start your application now to obtain coverage as soon as possible. Answer "Yes" when asked if anyone has been found not eligible or had coverage terminated for Medicaid or Children's Health Insurance in the last 90 days.

Healthcare Navigators

Healthcare Navigators provide free services to individuals who need help to find the best health insurance options within the Federal Marketplace. The Florida Chief Financial Officer provides a list of Florida-registered and federally certified Navigators at myfloridacfo.com. You can contact these organizations directly at any time.

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FQHCs are not insurance but health care providers who provide medical care for clients with limited or no health insurance. Services are offered on a sliding scale based on income. You can locate FQHCs and LALs by State at data.hrsa.gov.

Commercial Coverage

Provides health care coverage (including employer sponsored or private) for a monthly fee, and coordinate care for clients through a defined network of physicians and hospitals. The Florida Chief Financial Officer's website provides guidance on purchasing insurance at myfloridacfo.com.

DCF Services:
For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than $59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to $6,935. For more information on were to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب.
850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે.
850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ
โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Notice of Case Action

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

State of Florida Department
of Children and Families

February 2, 2023 | Case: 5006541377 | Phone: (850) 487-4504

MAR MAR
N
TALLAHASSEE FL 32399

Dear Mar Mar

The following is information about your eligibility.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on February 28, 2023.

Name

Mar Mar

Mmc Mmc

Moy Moy

Reason: WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.204

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

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850-300-4323