

NAME:	Type of Action
DESCRIPTION:	Indicates the reason for submitting a 50058 record for the family
TYPE:	Numeric
SIZE:	1
COMMENTS:	none
EDITS:	Fatal: • Cannot be blank
	Fatal: • Must be valued '1', '2', '3', '4', '5', '6', '7', or '8'
FIELD NUMBER:	11
POSITION:	33
LINE REFERENCE NO:	2a.

NAME:	Effective Date of Action
DESCRIPTION:	This is the effective date of the action occurring in line 2a.
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDCCYY format
EDITS:	Fatal: • Cannot be blank
	Fatal: • Cannot be earlier than the Date of Admission to Program, if provided
	Fatal: • Cannot be earlier than the effective date of action previously submitted for this family
	Fatal: • Must be in MMDDCCYY format
	Warning: • Cannot be later than 90 days from Date Last Modified
	Warning: • Cannot be older than 18 months (MTCS will purge Form before processing)
FIELD NUMBER:	12
POSITION:	34-41
LINE REFERENCE NO:	2b.
