

## THIRD PARTY QUERY REQUEST

County Number: \_\_\_\_\_ Worker District Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Claim Account No: \_\_\_\_\_ BIC: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Category of Assistance: \_\_\_\_\_

Individual/Case ID Number: \_\_\_\_\_

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Request keyed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date response received: \_\_\_\_\_

Response:     No record found  
               Printout attached

### Category of Assistance:

A = Work First	MAA = Medicaid - Aged
F = Food Stamps	MAB = Medicaid - Blind
L = LIEAP	MAD = Medicaid - Disabled
E = Emergency Assistance	MAF = Medicaid - AFDC
S = Special Assistance	MIC = Medicaid - Infants/Children
V = Services	MPW = Medicaid - Pregnant Women
C = Child Support	MQB = Medicaid - Qualified Beneficiary
X = Other	MRF = Medicaid - Refugee
	HSF = Medicaid - Foster Care