

EXHIBIT 1 - CURRENT EBT FILE FORMATS

BATCH MAINTENANCE FORMATS

File Transmission Matrix

The following table represents the files that are currently being sent between the State and the current EBT vendor.

FILE	FREQUENCY	AR TO VENDOR	VENDOR TO AR	VENDOR TO CARD FACILITY
Case/Client Maintenance File	Daily	Case/Client Maintenance File	Batch Processing Report	
Benefit Maintenance File	Daily/Monthly	Benefit Maintenance File	Batch Processing Report	
Daily Activity File	Daily		Daily Activity File	
Benefit Aging File	Daily		Benefit Aging File	
Adjustment Activity File	Daily		Adjustment Activity File	

Case/Client Maintenance Header Record

The Case/Client Maintenance File is used by the State to add and update case and client information on the existing vendor's EBT System through the batch maintenance process. The record formats included in this file are detailed below.

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-002	Record Type	2	String	Valid Value: "HC"	Mandatory
003-017	Agency Unique	15	String	Agency discretionary data	Optional

018-023	Agency Code	6	String	Valid Values: "ARDHSF"=SNAP "ARDHST"=TANF	Mandatory
024-039	Maintenance Type	16	String	Valid Values: "CASE/CLIENT"	Mandatory
040-043	Sent Year	4	Int	Year value when the file was sent	Mandatory
044-045	Sent Month	2	Int	Month value when the file was sent	Mandatory
046-047	Sent Day	2	Int	Day value when the file was sent	Mandatory
048-048	Sent Hour	2	Int	Hour value when the file was sent	Mandatory
050-051	Sent Minute	2	Int	Minute value when the file was sent	Mandatory
052-200	Filler	149	String	Spaces	Spaces

Record Length-two hundred (200) bytes

Case/Client records are transmitted to the EBT vendor in batches. A single transmission may contain multiple batches. Each batch consists of a header record, multiple detail records, and a trailer record. If multiple batches are created with an Agency (ARDHSF or ARDHST) on the same day, the file create time will be different for each batch. All alphanumeric fields will be left justified and right space filled.

Case/Client Maintenance Detail Record

POSITION	DESCRIPTION	LENGTH	TYPE	VALUES	REQUIRED
001-001	Refresh Action	1	String	Valid Values: "A"=Indicates Add "C"=Indicates Change	Mandatory
002-013	EBT Account Number	12	String	EBT Account Number assigned by State	Mandatory

014-022	Case Number	9	String	Case Number assigned by eligibility System: ARDHST (7 digits-left justified, right space filled) ARDHSF (9 digits)	Mandatory
023-024	Client Type	2	String	Flag indicates whether client is primary, or an alternate. Valid values are P, 1C, 1F, 1B, 2C, 2F, 2B, 3C, 3F, 3B, 4C, 4F and 4B	Mandatory
025-030	Case Worker ID	6	String	Case Worker ID	Mandatory
031-033	County Office Code	3	String	County Office of the Case.	Mandatory
034-048	Client First Name	15	String	First Name of the Client.	Mandatory
049-049	Client Middle Initial	1	String	Middle Initial of the Client.	Optional
050-069	Client Last Name	20	String	Last Name of the Client.	Mandatory
070-099	Street Address 1	30	String	Street Address	Mandatory
100-129	Street Address 2	30	String	Street Address	Optional
130-149	City	20	String	City	Mandatory
150-151	State	2	String	State abbreviation	Mandatory
152-160	Zip Code	9	Int	Zip Code.	Mandatory
161-168	Birth Date	8	Int	Birth Date (CCYYMMDD)	Mandatory
169-177	SSN	9	Int	Social Security Number.	Mandatory

178-178	Filler	1	String	Was Federal Indicator field-may contain a Y or N	Ignored
179-179	Card Issuance Indicator	1	String	Y = Issue N = Do Not Issue	Mandatory
180-180	PIN indicator	1	String	Currently not Used	Ignored
181-181	Drop Ship indicator	1	String	Y = Yes	Optional
182-199	Filler	18	String	Spaces	Spaces
200-200	Training	1	String	Y = Issue, N = Do Not Issue	Mandatory

Record length-two hundred (200) bytes

On an Add request, if the EBT account does not currently exist on the EBT database, an EBT account should be added to the EBT System. If the EBT account does exist, the client should be added to the indicated EBT account number.

If an Add record is received for a client that currently exists on the EBT database, the add record should be rejected. A match should be performed on the account number, case number and client type in order to determine if the add already exists on the EBT System.

On a Change request, the State will send all the demographic information in the record. The vendor will overlay the information on the database for the client with the information in the record.

On a Change request, the State can send the changes to all fields except the Case Number and Account Number.

On a Change request, the State can send the Client Type Change also; here are the possible Client Type changes values:

1F □ 1B 2F □ 2B 3F □ 3B 4F □ 4B 1C □ 1B 2C □ 2B 3C □ 3B 4C □ 4B
1B □ 1F 2B □ 2F 3B □ 3F 4B □ 4F 1B □ 1C 2B □ 2C 3B □ 3C 4B □ 4C

All alphanumeric fields are left justified and right space filled

Case/Client Additional Case Add Detail Record

This record is used to add a new case to an existing client under an existing EBT Account Number. On an Additional Case Add request, if the case does not exist on the EBT System, the case **will** be added. If the Additional Case Add request is received for a case type (SNAP or TANF) already on the EBT System for the EBT Account, the add record **will** be rejected and the database **will not** be updated. A match should be performed on the account number, case number and client type in order to determine if the add record already exists on the EBT System.

All alphanumeric fields are left justified and right space filled.

Case/Client Additional Case Add Detail Record

POSITION	DESCRIPTION	LENGTH	TYPE	VALUES	REQUIRED
001-001	Refresh Action	1	String	Valid Values: "N" = Indicates Add	Mandatory
002-013	EBT Account Number	12	Int	EBT Account Number assigned by State	Mandatory
014-022	Case Number	9	String	Case Number assigned by eligibility System: ARDHST (7 digits-left justified, right space filled) ARDHSF (9 digits)	Mandatory
023-024	Client Type	2	String	Flag indicating whether client is primary or an alternate	Mandatory
025-030	Case Worker ID	6	String	Case Worker ID	Mandatory
031-033	County Office Code	3	String	County Office of the case	Mandatory
034-200	Filler	167	String	Spaces	Spaces

Record Length – two hundred (200) bytes

Case/Client Deactivate Record

This record format is used to deactivate alternate cardholders on an EBT Account. The status card indicator gives the State the ability to deactivate the card at the same time the client is removed from the EBT Account. Once the client is deactivated, any future benefits added to the account will not be accessible to the client. If benefit access is to be terminated immediately, the Status Card Flag is set to "Y".

In the current vendor's system, the Status Card Flag is being ignored, as deactivating a cardholder removes the cardholder from the case.

All alphanumeric fields are left justified and right space filled.

Case/Client Deactivate Record

POSITION	DESCRIPTION	LENGTH	TYPE	VALUES	REQUIRED
001-001	Refresh Action	1	String	Valid Values: "N" = Indicates Add	Mandatory
002-013	EBT Account Number	12	Int	EBT Account Number assigned by State	Mandatory
014-022	Case Number	9	String	Case Number assigned by eligibility System: ARDHST (7 digits-left justified, right space filled) ARDHSF (9 digits)	Mandatory
023-024	Client Type	2	String	Flag indicating whether client is primary or alternate. Valid Values: 1C, 1F, 1B, 2C, 2F, 2B, 3C, 3F, 3B, 4C, 4F and 4B	Mandatory
025-025	Status Card Flag	1	String	Valid Values: Y=Yes N=No	Mandatory
026-200	Filler	175	String	Spaces	Spaces

Record length – two hundred (200) bytes

This record **will** be sent to change a case number that has already been set-up in the Vendor's EBT System. This record is used where an EBT Account was set-up with an incorrect SNAP or TANF case number. In order to change the case number to the correct number, the State **will** send the "O" Case Number Change record identifying the old case number and the new case number. If the old case number does not exist, the record should be rejected. In addition, if the new case number already exists, the record should be rejected.

Case Number Change Detail Record

POSITION	DESCRIPTION	LENGTH	TYPE	VALUES	REQUIRED
001-001	Refresh Action	1	String	Valid Values: "N" = Indicates Add	Mandatory
002-013	EBT Account Number	12	Int	EBT Account Number assigned by State	Mandatory

014-022	Old Case Number	9	String	Old case number on Vendor's EBT System assigned by eligibility system: ARDHST=7 digits-left justified, right space filled ARDHSF=9 digits	Mandatory
023-031	New Case Number	9	String	New case number assigned by eligibility system: ARDHST=7 digits-left justified, right space filled ARDHSF=9 digits	Mandatory
032-200	Filler	169	String	Spaces	Spaces

Record Length-two hundred (200) bytes

Client Type Change Record

POSITION	DESCRIPTION	LENGTH	TYPE	VALUES	REQUIRED
001-001	Refresh Action	1	String	Valid Values: "N" = Indicates Add	Mandatory
002-013	EBT Account Number	12	Int	EBT Account Number assigned by State	Mandatory
014-022	Case Number	9	String	Case Number assigned by eligibility System: ARDHST (7 digits-left justified, right space filled) ARDHSF (9 digits)	Mandatory
023-024	Old Client Type	2	String	Flag indicating whether client is primary, or an alternate. Valid Values: 1C, 1F, 1B, 2C, 2F, 2B, 3C, 3F, 3B, 4C, 4F and 4B	Mandatory
025-026	New Client Type	2	String	Flag indicating whether client is primary, or an alternate. Valid	Mandatory

				Values: P, 1C, 1F, 1B, 2C, 2F, 2B, 3C, 3F, 3B, 4C, 4F and 4B	
027-200	Filler	174	String	Spaces	Spaces

Record Length-two hundred (200) bytes

The following table identifies the client types in the Case/Client Maintenance File for the State of Arkansas. Note: No Client Type changes are allowed on a Primary.

CLIENT TYPE	DESCRIPTION
1C	1st Alternate Cash
1F	1st Alternate FS
1B	1st Alternate Cash/FS
2C	2nd Alternate Cash
2F	2nd Alternate FS
2B	2nd Alternate Cash/FS
3C	3rd Alternate Cash
3F	3rd Alternate FS
3B	3rd Alternate Cash/FS
4C	4th Alternate Cash

4F	4th Alternate FS
4B	4th Alternate Cash/FS

The Client Types are mutually exclusive within each of their respective client types. This means that there can be only one (1) Primary on an EBT Account, as well as only first (1st), second (2nd), third (3rd) or fourth (4th) alternate. The first (1st) character identifies the Alternate and the second (2nd) character will identify the benefit to which they have access. There can be only one (1) alternate labeled one ("1") Subsequent alternates **must** be identified as two ("2"), three ("3") or four ("4").

E.g., Two (2) alternates on an account could be labeled as one B ("1B") and two F ("2F"). If an Alternate is the same person for both the Cash and Food case, the State will send the Alternate with an "x B" Client Type, where x is the Alternate number.

Case/Client Maintenance Trailer Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-002	Record Type	2	String	Valid Value: "TC"	Mandatory
003-011	Total Detail Records	9	Int	Record Count of the total number of detail records	Mandatory
012-020	Number of Adds	9	Int	Number of Add Records	Mandatory
021-029	Number of Changes	9	Int	Number of Change Records	Mandatory
030-038	Number of Deactivates	9	Int	Number of Deactivate Records	Mandatory
039-047	Number of Client Type Changes	9	Int	Number of Client Type Change Records	Mandatory
048-056	Number of Direct Deposit Adds	9	Int	NA- Will be set to zeros	Mandatory

057-065	Number of Direct Deposit Changes	9	Int	NA- Will be set to zeros	Mandatory
066-074	Number of Direct Deposit Deletes	9	Int	NA- Will be set to zeros	Mandatory
075-083	Number of Additional Case Adds	9	Int	Number of Additional Case Add Records	Mandatory
084-092	Number of Case Number Changes	9	Int	Number of Case Number Change Records	Mandatory
093-101	Number of Transfers	9	Int	NA- Will be set to zeros	Mandatory
100-200	Filler	98	String	Spaces	Spaces

Record length- two hundred (200) bytes

All alphanumeric fields are left justified and right space filled.

Benefit Maintenance File

The Benefit Maintenance File is used by the State to add and update benefit authorization information on the existing vendor's EBT System through the batch maintenance process. The information will include the type of benefit, the amount of the benefit and the availability date of the benefit. The record formats in this file **will** include the ability to cancel benefit authorizations. The authorization number assigned to the benefit is required to be unique. Even when a benefit has been cancelled, the authorization number cannot be reused. The record formats included in this file are detailed below.

Benefit Maintenance Files are transmitted to the EBT Vendor in batches. A single transmission may contain multiple batches. Each batch consists of a header, multiple detail records, and a trailer record. All alphanumeric fields will be left justified and right space filled.

The State will send both Daily and Monthly Benefit Maintenance Files. The Daily Benefit Maintenance Files are used to send initial benefits, one (1) time benefits, or future dated benefits. The files will contain authorization information including the benefit authorization number, type of benefit, amount of benefit and the benefit available date.

The Monthly Benefit Maintenance File is used for monthly reoccurring benefits. The file will include all benefit authorizations for the upcoming month's issuance schedule. Each benefit record will contain an available date for that benefit authorization.

Benefit Batch Maintenance Header Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-002	Record Type	2	String	Valid Value: "HB"	Mandatory
003-017	State Unique Data	15	String	Agency discretionary data	Optional

018-023	Agency Code	6	String	Valid Values: ARDHST=TANF ARDHSF=SNAP	Mandatory
024-039	Maintenance Type	16	String	This field is edited for valid values and identifies the maintenance type on the Batch Refresh reports to be supplied by the Vendor. Valid Values: FS DAILY FS MONTHLY CASH DAILY CASH MONTHLY	Mandatory
040-047	File Create Date	8	Int	Format of CCYYMMDD	Mandatory
048-051	File Create Time	4	Int	Format of HHMM	Mandatory
052-080	Filler	29	String	Spaces	Spaces

Record Length-eighty (80) bytes

Benefit Batch Maintenance Detail Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-001	Refresh Action	1	String	Valid Values: "A"=Add "C"=Cancel Benefit	Mandatory
002-013	EBT Account Number	12	String	EBT Account Number assigned by State	Mandatory
014-022	Case Number	9	String	Case Number assigned by eligibility System: ARDHST (7 digits-left justified, right space filled) ARDHSF (9 digits)	Mandatory
023-028	Benefit Type (Sub-program)	6	String	Sub-program for the record-unique identifier for the benefit	Mandatory
029-038	Benefit Authorization Number	10	Int	The Benefit Authorization Number must be unique for each benefit	Mandatory

039-045	Benefit Amount	7	Int	Benefit amount in cents. The value must be left padded with zeros	Mandatory
046-053	Benefit Available Date	8	Int	Date the benefit is available to the Client. Format of CCYYMMDD	Mandatory
054-057	Benefit Available Time	4	Int	Time the benefit is available to the client. Format of HHMM.	Mandatory
058-060	County Office Code	3	Int	Case County Office Code (Service County)	Mandatory
061-061	Benefit Status	1	String	Valid Value: "A"=Active Benefit	Mandatory
062-063	Household size	2	Int	Household size	Mandatory
064-066	Residence County	3	Int	Residence county of household	Mandatory
067-070	Disaster Code	4	String	The disaster code related to the specific disaster for the assigned benefit.	Optional
071-080	Filler	10	String	Filler	Optional

Record Length-eighty (80) bytes

This record format is used to add and cancel benefit authorizations. The Benefit Authorization Number **must** be unique for each benefit. All alphanumeric fields **will** be left justified and right space filled. A benefit can only be cancelled prior to the availability date. Once a benefit is cancelled, it cannot be changed back to an active status.

Benefit Batch Maintenance Trailer Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-002	Record Type	2	String	Valid Value="TB"	Mandatory
003-011	Total Detail Records	9	Int	Total number of detail records	Mandatory
012-020	Number of Adds	9	Int	Total number of add records	Mandatory

021-029	Number of Changes	9	Int	NA- will be set to zeros	Mandatory
030-038	Number of Cancels	9	Int	Total number of cancel records	Mandatory
039-049	Total Benefit Add Amount	11	Int	Total value of benefit adds in the file.	Mandatory
050-080	Filler	31	String	Spaces	Spaces

Record Length-eighty (80) bytes

All alphanumeric fields **will** be left justified and right space filled.

Daily Activity File

The EBT Vendor shall send the State an activity file that contains the details of all approved transactions that affect the outstanding liability on the vendor's EBT System. This includes transactions, i.e., settling financial transactions and non-settling benefit authorizations. The activity file **shall** be based on transactions at the benefit authorization level, i.e., if a transaction is applied against more than one benefit authorization, there **shall** be more than one (1) detail record in the Daily Activity File for that transaction.

The file consists of a header record, followed by multiple detail records, followed by a trailer record. The record formats included in this file are detailed below.

Daily Activity File Header Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-002	Record Type	2	String	"EH" = Header	Mandatory
003-008	Agency ID	6	String	ARDHSF ARDHST	Mandatory
009-024	File Type	16	String	Valid Values: "HISTORYEXTRACT"	Mandatory
025-032	File create date	8	Int	Date file was sent. Format shall be CCYYMMDD	Mandatory

033-036	File create time	4	Int	Time file was sent. Format shall be HHMM	Mandatory
037-200	Filler	164	String	Spaces	Spaces

Record length-two hundred (200) bytes

The EBT vendor is required to transmit an extract of all financial activity to the State on a daily basis. Each transmission **shall** contain a header record, multiple records, and a trailer record.

All alphanumeric fields are left justified and right space filled. The FNS number only appears for SNAP transactions.

Daily Activity Detail Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-001	Record Type	1	String	"D" = Detail Record	Mandatory
002-010	Case Number	9	String	Case Number assigned by eligibility System: ARDHST (7 digits-left justified, right space filled) ARDHSF (9 digits)	Mandatory
011-026	Cardholder Number	16	Int	Card used for transaction	Mandatory
027-029	County Office Code	3	Int	County office number for the case	Mandatory
030-031	Program Type	2	String	Program ID for the record: (F)=SNAP program; (C)=TANF Note: the second character must be a space.	Mandatory
032-035	Transaction Type	4	String	Please provide coding for all valid transaction types.	Mandatory
036-043	Transaction Date	8	Int	CCYYMMDD-Transaction Log Date	Mandatory
044-049	Transaction Time	6	Int	HHMMSS-Transaction Log Time	Mandatory

050-055	Sub-Program	6	String	See GLOSSARY OF TERMS for Sub-programs	Mandatory
056-056	Credit/Debit Indicator	1	String	"C"=Credit, "D"=Debit	Mandatory
057-063	Transaction Amount	7	Int	Amount of Transaction	Mandatory
064-070	Completed Amount	7	Int	Completed amount of transaction impacting the Benefit Authorization	Mandatory
071-077	Remaining Balance on Benefit Authorization	7	Int	Amount of funds available on authorization after transaction.	Mandatory
078-089	Benefit Authorization	12	String	State generated unique number	Mandatory
090-097	Settlement Date	8	Int	CCYYMMDD-Settlement Date for the transaction	Mandatory
098-104	FNS Number	7	Int	Only included on SNAP transactions	Mandatory only for SNAP
105-124	Merchant Name	20	String	Where the transactions occurred	Mandatory
125-164	Merchant Location	40	String	Address of merchant where the transactions occurred.	Mandatory
165-166	Card entry (Manual or Swiped)	2	String	"00"=Not a card swipe transaction "01"=Manually Keyed PAN "02"=Card Swiped in Terminal	Mandatory
167-200	Filler	34	String	Spaces	Spaces

Record length-two hundred (200) bytes

Daily Activity Trailer Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
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001-001	Record Type	1	String	"T" = Trailer	Mandatory
002-010	Total Detail Records	9	Int	Total Number of Detail Records	Mandatory
011-020	Total Credits	10	Int	Total dollar value of Credits	Mandatory
021-030	Total Debits	10	Int	Total dollar value of Debits	Mandator
031-200	Filler	170	String	Spaces	Spaces

Record Length-two hundred (200) bytes

Daily Activity Summary Record

This summary record will always follow the trailer record on the Daily Activity File. All Alphanumeric fields **will** be left justified and right space filled.

FIELD NAME	FORMAT	COMMENT
Record Type	X(2)	Constant= ES
Benefit Type	X(6)	Required
Beginning Balance	S9(11)v99	Dollar amount for this program at the beginning of the processing cycle.
Ending Balance	S9(11)v99	Dollar amount for this program at the end of the processing cycle
Accumulated Authorization	S9(11)v99	Dollar amount of all benefit authorizations for this program for the processing cycle.
Accumulated Cancels Amount	S9(11)v99	Dollar amount of all benefit authorizations cancels for this program for the processing cycle. Includes aging, food benefit conversions, and benefit cancellations.

Accumulated Transaction Amount	S9(11)v99	Dollar amount of all client transactions performed against the benefit. This includes both credit and debit transactions.
Filler	X(23)	Field will be set to blanks.

Record Length-two hundred (200) bytes

Benefit Aging File

The Benefit Aging File details all the benefit authorizations falling into the aging periods specified by the State. The record formats included in this file are detailed below.

Benefit Aging Header Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-002	Record Type	2	String	"AH" = Header	Mandatory
003-004	Agency ID	2	String	ARDHSF ARDHST	Mandatory
005-020	File Type	16	String	Valid Value: "AGINGEXTRACT"	Mandatory
021-028	Date Sent	8	Int	CCYYMMDD	Mandatory
029-032	Time Sent	4	Int	HHMM	Mandatory
033-080	Filler	48	String	Spaces	Spaces

Record Length-eighty (80) bytes

The EBT Vendor is required to transmit a daily extract of all benefit authorizations with no activity within the defined aging periods. Each transmission should contain a header record, multiple detail records, and a trailer record. All alphanumeric fields should be left justified and right space filled.

Benefit Aging Detail Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-001	Record Type	1	String	"D"=Detail Record	Mandatory
002-003	Aging Indicator	2	String	"01"=Period 1-90 days "02"=Period 2-180 days "03"=Period 3-270 days "04"=Period 4-365 days (Expungement)	Mandatory
004-005	Program Type	2	String	Program ID for the record; "F"=SNAP "C"=TANF	Mandatory
006-014	Case Number	9	String	Case Number assigned by eligibility System: ARDHST (7 digits-left justified, right space filled) ARDHSF (9 digits)	Mandatory
015-022	Last Access Date	8	Int	CCYYMMDD	Mandatory
023-029	Account Balance (Benefit Authorization balance for expungements)	7	Int	Contains the remaining balance for the benefit type for Aging Indicators: "01"=Period 1 "02"=Period 2 "03"=Period 3 "04"=Period 4 Contains the remaining balance in the benefit Authorization being identified in the detail record for Aging Indicator: "04"=Period 4- Expungement	Mandatory
030-038	Benefit Authorization Number	9	Int	Required on expungements only	Conditional
039-041	County Office Code	3	Int	Eligibility Office Number	Mandatory
042-080	Filler	39	String	Spaces	Spaces

Record Length-eighty (80) bytes

All alphanumeric fields should be left justified and right spaced filled.

Benefit Aging Trailer Record

POSITION	DESCRIPTION	LENGTH	TYPE	COMMENTS	REQUIRED
001-002	Record Type	2	String	"TE"	Mandatory
003-008	Total Detail Records	6	Int	Total count of detail records	Mandatory
009-014	Total Aging Indicator "01" records	6	Int	Total count of detail records with "01" Aging Indicator	Mandatory
015-020	Total Aging Indicator "02"	6	Int	Total count of detail records with "02" Aging Indicator	Mandatory
021-026	Total Aging Indicator "03" records	6	Int	Total count of detail records with "03" Aging Indicator	Mandatory
027-032	Total Aging Indicator "04" records	6	Int	Total count of detail records with "04" Aging Indicator	Mandatory
033-032	Total Amount of Expunged Benefits	10	Int	Total count of detail records with "04" (Expungement) Aging Indicator	Mandatory
043-080	Filler	38	String	Spaces	Spaces

Record Length-eighty (80) bytes

All alphanumeric fields should be left justified and right space filled.

Case/Client Delete File

The EBT vendor should send the Case/Client delete file to the State when maintenance is performed against the vendor's EBT database and case/client information is purged because of inactivity as mutually agreed upon between the vendor and the State.

The Offeror **shall** detail how and when they perform this function and give their file layout. This function has not been performed on the Arkansas EBT System in the past.