PROGRAM TYPES/SUBTYPES (APRE, APMA, SEPA, and others)

TYPE/SUB.	DESCRIPTION	VALID PARTICIPATION CODES
AF	TANF Cash	IN OU DQ DP SC TR UB
EM	Emergency Assistance	IN OU
FS	Food Stamps	IN OU DQ DF SH DS
FAMILY-RELATED MA:		
MA AD	Subsidized Adoption	IN OU
MA AN	Automatic Newborn	IN OU IP
MA BC	Breast & Cervical Cancer Treatment	IN OU DQ IC IS SC
MA CP	Continued Elig.-Pregnant Woman	IN OU UB
MA EC*	Extended Child/Spousal Support	IN OU DQ
	*Beginning with Oct. 2002 benefit month	
MA EP	Extended Medicaid-Preg. Woman	IN OU
MA FF	Foster Care (IV-E)	IN OU
MA FM	Family Medicaid	IN OU DQ IP IC DP SC TR UB SR
MA FW	Foster Care - CWS	IN OU
MA PC	Poverty Child	IN OU DQ DP IP IC UB
MA PS	Poverty Six	IN OU DQ DP IP IC UB
MA PW	Poverty Pregnant Woman	IN OU DQ DP IP IC UB
MA QP	Qualified Pregnant Woman	IN OU DQ IP IC UB DP
MA RK	Ribicoff Children	IN OU DQ IP IC UB DP
MA TR	Extended MA	IN OU DQ
SSI-RELATED MA:		
MA IA	Institutionalized Aged	IN OU CS
MA ID	Institutionalized Disabled	IN OU CS
MA MA	Medicaid - Aged	IN OU IP IS IC UB
MA MB	Medicaid - Blind	IN OU IP IS IC UB
MA MD	Medicaid - Disabled	IN OU IP IS IC UB
MA SA	SSI recipient - Aged	IN OU DQ
MA SB	SSI recipient - Blind	IN OU DQ
MA SD	SSI recipient - Disabled	IN OU DQ
MA WA	Waiver (HCBS) - Aged	IN OU CS
MA WD	Waiver (HCBS) - Disabled	IN OU CS
MA WO	Waiver (HCBS) - Other	IN OU CS
QUALIFIED MEDICARE BENEFICIARY (QMB):		
QM QA	Aged	IN OU IS IP IC
QM QB	Blind	IN OU IS IP IC
QM QD	Disabled	IN OU IS IP IC
SPECIAL LOW-INCOME MEDICARE BENEFICIARY (SLMB) and QUALIFYING INDIVIDUALS:		
SL SL	SLMB	IN OU IS IP IC
SL Q1	Qualifying Individual 1	IN OU IS IP IC

TEAMS Quick Reference Guide

Codes are available in TEAMS Online Help.
To access, cursor must be in **code entry field**. Press **F1** to open the Help window, **F8** to page down. **F3** exits the Help window.

PROGRAM STATUS (displayed on CLPR, CAP2, etc.)

CODE	DESCRIPTION	CODE	DESCRIPTION
CL	Closed	**RC**	Redet. Recvd (FS)
DE	Denied	**RV**	Redet. Recvd (TANF Cash)
OP	Open	**RD**	Redet. Denied
PE	Pended	**RE**	Registered

RELATIONSHIP to Primary Info. Person (APRE, SEPA)

CODE	DESCRIPTION	CODE	DESCRIPTION
AU	Aunt or Uncle	**OR**	Other – Related
CH	Child	**PA**	Parent
CO	Cousin (First)	**PI**	Primary Info. Person
EX	Ex-Spouse	**SB**	Sister or Brother
FC	Foster Child	**SP**	Spouse
GC	Grandchild/Great grchild	**ST**	Stepchild
NN	Niece or Nephew	**UB**	Unborn Child
NR	Not Related		

RELOCATION REASON (INDA)

CODE	DESCRIPTION	CODE	DESCRIPTION
LM	Like Montana	**WK**	Find Work
LR	Living with Relatives	**XX**	Other
TL	TANF Time Limited benefits exhausted in another state		

RESIDENCY LENGTH (INDA)

CODE	DESCRIPTION	CODE	DESCRIPTION
01	Less than 1 month	**12**	7-12 months
06	1-6 months	**99**	12+ months

VERIFICATION (VR) CODES

CODE	DESCRIPTION
CC	Collateral Contact
CS	Client Statement
HC	Hard Copy in file
PE	Pend
VV	Visual Verification
System-generated codes:	
AG	Agency Verified SSN
IN	Interface

PARTICIPATION CODES (SEPA)

See Programs/Subtypes list on back page for valid codes by program. Refer to policy for proper coding!

CODE	DESCRIPTION
CO	Contact *(system default code)*
CS	Community Spouse
DF	Disqualified – IPV / Fraud
DP	Deemed Person
DQ	Disqualified
DS	Disqual - Inelig Alien / No SSN
IC	Ineligible Child
IN	In the Assistance Unit
IP	Ineligible Parent
IS	Ineligible Spouse
OU	Out
PA	Parent
SC	SSI Child Recipient
SH	Shelter: Battered Individuals
SR	Specified Relative
TR	Transfer in from Another Case
UB	Unborn Child

For more information on TEAMS, access the **TEAMS Training Website** at:
https://dphhs.mt.gov/sevp/teams/teams_tools/teams_tools_home.htm