

Table: T\_MIC Recerts

**Columns**

Name	Type	Size
ID	Number (Long)	4
*Casehead First Name	Text	255
*Casehead Mi	Text	255
*Casehead Last Name	Text	255
*Casehead Suffix	Text	255
*Address Line 1	Text	255
*Address Line 2	Text	255
*EIS Case Id	Number (Double)	8
Medicaid Cert To Date	Date/Time	8
*City	Text	255
State	Text	255
Zip Code	Number (Double)	8
*District Number Code	Number (Double)	8
*Phone Number	Text	50
*County Case Num	Number (Double)	8
Date Received	Date/Time	8
Medicaid Class Code	Text	50
Spanish Notice	Text	50
Type Form	Text	50

Table: T\_MIC Recerts (Non-Duplicates)

**Columns**

Name	Type	Size
ID	Number (Long)	4
*Casehead First Name	Text	255
*Casehead Mi	Text	255
*Casehead Last Name	Text	255
*Casehead Suffix	Text	255
*Address Line 1	Text	255
*Address Line 2	Text	255
*EIS Case Id	Number (Double)	8
Medicaid Cert To Date	Date/Time	8
*City	Text	255
State	Text	255
Zip Code	Number (Double)	8
*District Number Code	Number (Double)	8
*Phone Number	Text	50
*County Case Num	Number (Double)	8
Date Received	Date/Time	8
Medicaid Class Code	Text	50
Spanish Notice	Text	50

Table: T\_MICAppSummary

**Columns**

Name	Type	Size
ID	Number (Long)	4
Salutation	Text	50
*First Name	Text	50
*Middle Initial	Text	2
*Last Name	Text	50
*SSN	Text	50
*DOB	Date/Time	8
*Mailing Address	Text	50
*City	Text	50
State	Text	2
Zip	Number (Double)	8
*Home Phone	Text	50
*Work Phone	Text	50
*Other Phone	Text	50
Date Received	Date/Time	8
Worker Assigned	Number (Double)	8
*County Case #	Number (Double)	8
Complete?	Text	50
Date Paid	Date/Time	8
Amount Owed	Currency	8
Reason Incomplete	Text	255
Status	Text	50
Program	Text	50
Disposition Date	Date/Time	8
Location	Text	50
Amount Paid	Currency	8
Reason Incomplete2	Text	255
Reason Incomplete3	Text	255
Reason Incomplete4	Text	255
Reason Incomplete5	Text	255
Reason Incomplete6	Text	255
Date Returned	Date/Time	8
Date Rec'd Back	Date/Time	8
Method of Payment	Text	50
Month OfApplication	Text	50
Date Stamp	Date/Time	8
Time Stamp	Date/Time	8
Ongoing IMC	Number (Double)	8
Fee Letter Date	Date/Time	8
Fee Due Date	Date/Time	8
Wal-Mart Application Number	Number (Long)	4
Application Location	Text	50
Application Identifier	Text	50
Race	Text	50
Sex	Text	50
Review or Application	Text	50

Table: T\_PendingTermination

**Columns**

	Type	Size
Name		
Date Mailed	Date/Time	8
Time Entered	Date/Time	8
*FName	Text	50
*MI	Text	50
*LName	Text	50
*Address	Text	100
*City	Text	50
State	Text	50
Zip	Text	50
*Phone	Text	50
Month Review Due	Date/Time	8
Wkr #	Number (Long)	4
*IMCFName	Text	50
*IMCLName	Text	50
*IMC Ext #	Text	50
ID	Number (Long)	4
Salutation	Text	50
Date Returned	Date/Time	8

Table: T\_Wal-Mart Applications

**Columns**

Name	Type	Size
Wal-Mart Location	Text	50
Application Number	Number (Long)	4

Table: Worker Listing

**Columns**

Name	Type	Size
Wkr #	Number (Double)	8
IMC Ext	Text	50
*IMC LName	Text	50
*IMC FName	Text	50
*Leadwkr LName	Text	50
*Leadwkr FName	Text	50
*Leadwkr Ext	Number (Integer)	2
*Supervisor LName	Text	50
*Super Ext	Number (Integer)	2
Unit Code	Text	50