SNAP PROGRAM NEGATIVE CASE REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

SFN 293 (5-2010)

Clear Fields

Case Name	Case Number	County Name
Eligibility Worker	Reviewer	Date of Review
Action ☐ Denial ☐ Closure ☐ Withdrawn		Date Action Taken
Effective Date of Action		

REASON FOR DENIAL/TERMINATION/WITHDRAWAL

PROCEDURE/POLICY	YES	NO	NA
Household composition correct			
ABAWD/Work Requirement correct			
Residence verified and correct			
Income calculations correct and documented			
Asset coded and counted correctly			
Expenses coded and allowed correctly			
Correct notice(s) were sent			
Applicant/Authorized Representative Identity Verified			

PROCEDURE/POLICY (cont)	YES	NO	NA
Other policy correctly applied to support action			
Timely agency action on reported changes			
Documentation/narrative explaining action taken			
Adverse action time period met			
Notice explains reason for action			

DEFICIENCIES NOTED/CORRECTIVE ACTIONS REQUIRED

CORRECTIVE ACTIONS COMPLETED BY ELIGIBILITY WORKER

Reviewer Signature - Approves Corrections Completed	Date