SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM CASE REVIEW

ND DEPARTMENT OF HUMAN SERVICES

SFN 488 (02-2009)

Clear Fields

Case Name	Case Number	County Name
Eligibility Worker	Reviewer	Casefile Review Date
Benefit Month(s) Reviewed	Date Application/Recertification Received	Application/Recertification Approval Date

	CASE IS CORRECT			
1. APPLICATION/RECERTIFICATION	**YES**	**NO**	**NA**	**REVIEWER'S NOTES**
All sections of form completed, signed and dated				
All forms and verifications date stamped				
Eligibility for FS expedited services determined/documented				
Interview date, name of client, and method of interview documented				
Telephone interview held/documented				
Verifications were postponed				
Processing time frames were met (7 or 30)				
The appropriate certification period assigned				
2. ELIGIBILITY				
Identity is verified				
All required household members included				
Commodities were received in month of application				
Social Security numbers or 5028 application provided/verified				
Citizenship/Alien status verified				
Student status verified and system updated				
Residency verified				
ABAWD participation correct				
Work Requirement/Voluntary Quit determined				
Bank accounts verified (if questionable) and updated				
Vehicles verified (if questionable) and updated				
Earned income verified/counted				
Unearned income verified/counted				
Self employment income verified/counted				
Legal obligation and child support received, verified and counted				
Application/Base/Processing month income verified/counted				
Income received weekly or bi-weekly converted by 4.3 or 2.15				
Tips/bonuses considered and documented				
EXPENSES (if verification not provided is request documented)				
Mortgage/rent verified and allowed				
Lot rent verified and allowed				
Current property taxes/homeowner insurance verified/allowed				
Child care expense verified and allowed				
Medical expenses verified and allowed				
Utility expenses verified/appropriate utility standard allowed				
Legally obligated child support expense verified and allowed				

3. BENEFITS/PROCESSING PROCEDURES	YES	NO	NA	REVIEWER'S NOTES
Mandatory reportable changes reported timely				
Reported changes/verification in case file were all acted on				
Hand budget or calculator sheet in file as documentation of action taken				
4. NOTICES				
Application/Recertification notice mailed				
Pended notice mailed if appropriate				
Scheduled interview notice or letter sent				
Missed interview notice mailed if appropriate				
F741-SR requirements for CE HH over G.I.L. sent appropriately				
F742-SR requirements sent appropriately				
Change in benefits notice mailed				
F419-Request for Verif-SR sent appropriately				
Closing notice mailed allowing correct notification timeframe				

5. CORRECTIVE ACTION REQUIRED (DESCRIBE)

6. CORRECTIVE ACTIONS COMPLETED BY ELIGIBILITY WORKER

Reviewer Signature-Approves Corrections Completed	Date