



SNAP CASE REVIEW
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ECONOMIC ASSISTANCE-QUALITY ASSURANCE
 SFN 488 (9-2024)

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

CASE IS CORRECT

1. APPLICATION REVIEW	YES	NO	NA	REVIEWER'S NOTES	
All sections of form completed, signed and dated					
All forms and verifications date stamped					
Eligibility for SNAP expedited services determined/documentated					
Interview date, name of client, and method of interview documented					
Verifications were postponed (expedite processing)					
The appropriate review period assigned (postponed verification)					
Processing time frames were met (7 or 30)					
Authorized representative information updated					
Are appropriate documents on file? <input type="checkbox"/> Hardcopy <input type="checkbox"/> FileNet					
Interface tasks processed timely (select only those that apply) <input type="checkbox"/> NDNH <input type="checkbox"/> PARIS <input type="checkbox"/> UIB <input type="checkbox"/> IEVS <input type="checkbox"/> SDX					
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 (over age 16)					
Residency verified					
ABAWD participation correct					
Work Requirement/Voluntary Quit determined					
Bank accounts, 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					

CASE IS CORRECT

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/Review notice mailed				
Pended notice mailed if appropriate				
Scheduled interview notice or letter sent				
Missed interview notice mailed if appropriate				
Notice of Eligibility Determination sent appropriately				
Change in benefits notice mailed timely (adequate/adverse)				
Request for Verification notice sent appropriately				
Closing notice mailed allowing correct notification timeframe				
Narrative completed for actions taken on case				

5. DESCRIBE CORRECTIVE ACTIONS REQUIRED

6. CORRECTIVE ACTIONS COMPLETED BY ELIGIBILITY WORKER

Reviewer Signature - Approves Corrections Completed	Date
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