



SNAP TARGETED CASE REVIEW
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ECONOMIC ASSISTANCE-QUALITY ASSURANCE
 SFN 500 (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 forms and verifications date stamped				
Eligibility for SNAP expedited services determined/documented				
Interview date, name of client, and method of interview documented				
Telephone interview held/documented				
Verifications were postponed				
The appropriate review period assigned (postponed verification)				
Processing time frames were met (7 or 30)				
Are appropriate documents on file? <input type="checkbox"/> Hard copy <input type="checkbox"/> File Net				
Are alerts processed timely? <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				
Household composition				
Student status verified and system updated (over age 16)				
Residency verified				
Work Requirement/Voluntary Quit determined				
Assets verified				
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				
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	
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					
Missed interview notice mailed if appropriate					
Change in benefits notice mailed					
Closing notice mailed allowing correct notification time frame					
On-line narrative template or in the narrative document used					

5. DESCRIBE CORRECTIVE ACTIONS REQUIRED

6. CORRECTIVE ACTIONS COMPLETED BY ELIGIBILITY WORKER

Reviewer Signature - Approves Corrections Completed	Date
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