SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM CLAIM REVIEW

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE-QUALITY ASSURANCE
SFN 337 (8-2024)

Clear Fields

Case Name	Case Number	HSZ/County Name
Eligibility Worker	Reviewer	Date of Review
Claim Error Type	Overissuance Period	Amount of Claim
Discovery Date	Source	Transaction Date
Reason or Background for the Claim		

CASE IS CORRECT

CLAIM PROCEDURES	YES	NO	NA	REVIEWER'S NOTES
Are appropriate documents on file? ☐ Hardcopy ☐ FileNet	☐	☐	☐	
Interface tasks processed timely (select only those that apply) ☐ NDNH ☐ PARIS ☐ UIB ☐ IEVS ☐ SDX	☐	☐	☐	
Claim is established based on a mandatory reportable change	☐	☐	☐	
Claim was calculated and entered into the system correctly	☐	☐	☐	
10-10-10 rule correctly applied in claim determination	☐	☐	☐	
Claim type is correct	☐	☐	☐	
Only the source of the error was corrected	☐	☐	☐	
The case closed at the time the claim was established	☐	☐	☐	
If case was closed was the claim amount less than $125	☐	☐	☐	
All incorrect months reworked using information other than income. Explain what information was used _____	☐	☐	☐	
Excluded from earned income deduction	☐	☐	☐	
Claim is authorized	☐	☐	☐	
Notice of Overissuance Sent Date Notice Mailed _____	☐	☐	☐	
Repayment Agreement returned by household	☐	☐	☐	
Recoupment Method Chosen: _____	☐	☐	☐	
Recoupment of claim started	☐	☐	☐	
ONLY COMPLETE FOR FRAUD CLAIMS:				
Client referred for IPV If not, why: _____	☐	☐	☐	
Form SFN 1940, Notice of Suspected IPV completed	☐	☐	☐	

CASE IS CORRECT

ONLY COMPLETE FOR FRAUD CLAIMS (continued):	YES	NO	NA	REVIEWER'S NOTES
Form 1087 Legal Organizations given	☐	☐	☐	
Information Sent to Appeals Supervisor	☐	☐	☐	
Signed/dated Findings and Decision received	☐	☐	☐	
Intentional Program Violation notice sent Date Mailed: _____	☐	☐	☐	
Alert set to change recoupment plan/amount to FR and $20 or 20%	☐	☐	☐	
State entered disqualification	☐	☐	☐	

CORRECTIVE ACTIONS REQUIRED

CORRECTIVE ACTIONS COMPLETED BY ELIGIBILITY WORKER

Reviewer Signature - Approves Corrections Completed	Date