SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM CLAIM REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EAP-QUALITY ASSURANCE
SFN 337 (11-2019)

Clear Fields

Case Name	Case Number	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