# COUNTY SOCIAL SERVICE OFFICE ON-SITE REVIEW REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SFN 450 (Rev. 05-2010)

Clear Fields

| | |
|---|---|
| County Name: | On-site Review Date: |
| Name of Group Living Arrangement or Treatment Center: | Address of Group Living Arrangement or Center: |
| Signature of Center Personnel Completing Review: | Signature of County Personnel Completing Review: |
| Number of Residents Living in the Facility: | Number of SNAP Recipients: |
| Is the Facility a FNS Certified EBT Retailer? ☐ YES ☐ NO | Is the facility certified by DHS? ☐ YES ☐ NO |

**Please Check the Appropriate Box:**

| | | | |
|---|---|---|---|
| Confirmed client currently resides or had resided at this facility: | ☐ YES | ☐ NO | ☐ N/A |
| Confirmed client departure date as reported: | ☐ YES | ☐ NO | ☐ N/A |
| EBT Cards returned to client at departure or county office: | ☐ YES | ☐ NO | ☐ N/A |
| Client EBT Cards are: ☐ Kept by the Client | ☐ Kept in a secure location at the facility | | |

Deficiencies Noted:

Corrective Actions Required by the Facility:

State Office Comments:

**DISTRIBUTION:** **ORIGINAL** - State Office **COPY 1** - County Office **COPY 2** - Group Living Arrangement/Treatment Center