SNAP TARGETED CASE REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EAP-QUALITY ASSURANCE
SFN 500 (12-2015)

Clear Fields

Case Name	Case Number	County Name
Eligibility Worker	Reviewer	Case 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? ☐ Hardcopy ☐ FileNet				
Are alerts processed timely? ☐ NDNH ☐ PARIS ☐ UIB ☐ IEVS ☐ 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 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				
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				

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 timeframe				
On-line narrative template or in file narrative document used				

5. CORRECTIVE ACTION REQUIRED (DESCRIBE)

6. CORRECTIVE ACTIONS COMPLETED BY ELIGIBILITY WORKER

Reviewer Signature-Approves Corrections Completed	Date