



**TANF CASE REVIEW ERROR FINDING**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ECONOMIC ASSISTANCE-QUALITY CONTROL  
SFN 1824 (3-2024)

County		Date	
Case Name		Case ID	Benefit Month
Reviewer		Review Number	
Review Findings			
Manual Reference(s)			
Other Comments and Recommendations			
<input type="checkbox"/> Pursuant to 448-01-55-10-15, county agency response required in 20 days.			
<input type="checkbox"/> No response required by county agency.			
Signature			Date

Response Due Date

**COUNTY RESPONSE**

<input type="checkbox"/> Agree with Error <input type="checkbox"/> Disagree with Error			
If agree, agency MUST explain steps taken to correct case. If disagree, agency MUST include policy manual references that support their challenge.			
Agency Representative Signature			Date
<input type="checkbox"/> Case Corrected?	Date Corrected	Agency Supervisor Signature	Date