



LIHEAP CASE REVIEW ERROR FINDING
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE-QUALITY CONTROL
SFN 1826 (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. <table border="1" data-bbox="120 1787 573 1860"><tr><td>Response Due Date</td></tr></table>			Response Due Date
Response Due Date			
<input type="checkbox"/> No response required by county agency.			
Signature	Date		

COUNTY RESPONSE

Agree with Error 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