

WORKSHEET FOR FOOD STAMP PROGRAM QUALITY CONTROL REVIEWS

PRIVACY ACT NOTICE: This report is required under provisions of 7 CFR 275.14 (Food Stamp Program). This information is needed for the review of State performance in determining recipient eligibility. The information is used to determine State compliance and failure to report may result in a finding of non-compliance.

OMB STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0074. The time required to complete this collection is estimated to average 8.9 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

A. IDENTIFYING INFORMATION		B. PERSONS LIVING IN THE HOME					
1. LOCAL AGENCY _____		NAME	BIRTH DATE	AGE	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	FS RECIP.
2. CASE NAME _____		1					
3. ADDRESS _____		2					
4. PHONE NUMBER _____		3					
5. DIRECTIONS TO LOCATE _____		4					
		5					
		6					
		7					
		8					
6. CASE NUMBER _____		9					
7. REVIEW NUMBER _____		10					
8. REVIEW DATE _____		C. SIGNIFICANT PERSONS NOT LIVING IN THE HOME					
9. RESERVED		NAME	RELATIONSHIP OR SIGNIFICANCE	SOC. SECURITY NUMBER	ADDRESS	PHONE NUMBER	FINANCIAL SUPPORT
10. MOST RECENT ACTION		11					
a. Date		12					
b. Type		13					
11. CERTIFICATION PERIOD	From To	14					
12. PART. DURING SAMPLE MONTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	15					
13. REC'D EXPEDITED SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO						
14. CATEGORICALLY ELIGIBLE HH	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. REVIEW FINDINGS					
15. REVIEWER		ALLOTMENT _____					
16. DATE ASSIGNED		<input type="checkbox"/> AMOUNT CORRECT <input type="checkbox"/> UNDERISSUANCE					
17. DATE OF CASE READING		<input type="checkbox"/> OVERISSUANCE <input type="checkbox"/> INELIGIBLE					
18. DATE OF INTERVIEW		AMOUNT IN ERROR _____					
19. DATE COMPLETED							
20. SUPERVISOR							
21. DATE CLEARED							