U.S. Department of Agriculture - Food and Nutrition Service

QUALITY CONTROL REVIEW SCHEDULE

PRIVACY ACT/PAPERWORK REDUCTION ACT. 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 0584-0299. The time required to complete this collection is estimated to average 1.05 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This report is required under provisions of 7 CFR 275.14. 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.

	Section 1 - Review Summary													
1. QC Review Number	2. Case Numb	er		3. State	4. Local Agency	5. S	ample Month and Year	6. Stratum						
7. Disposition	8. Findings	3	9.SNAP Allotmen	t Under Review	10. Erro	or Amount	11. Case Class	ification						
Section 2 - Detailed Error Findings														
12. Element	13. Nature	14. Cause	15. Error Finding	16. Error Amour	nt 17. Discovery	18. Verified	19. Occurrence a. Date	b. Time Period						
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2														
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Section 3 - Household Characteristics										
20. Most Recent Cert. Action Month, Day, Year	21. Type of Action	22. Length of Cert. Period #of months	23. Allotment Adjustment	24. Amount of Allotment Adjustment						
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25. Number of Household Members	26. Receipt of Expedited Service	27. Authorized Representative Used at Application	28. Categorical Eligibility	29. Reporting Requ	irement					
		21. Type of Action 22. Length of Cert. Period #of months 23. Allotment Adjustment 24. Amount of Allotment Adjustment 27. Authorized Representative Used at Application 28. Categorical Eligibility 29. Reporting Requirement 21. Property Cluding home) 32. Vehicle 32b. Status 33. Countable Vehicle Assests 34. Other Non-lique Cluding home) 6. Net								
Resources:										
30. Liquid	31. Property (excluding home)	32a. Vehicle	32b. Status 2nd Vehicle	33. Countable Vehicle Assests	34. Other Non-liquid					
	1 1 1 1			1 1 1	1 1 1 1					
Income:										
35. Gross	36. Net									
	1 1 1									
Deductions:										
37. Earned Income	38. Medical	39. Dependent Care	40. Child Support	41. Shelter	42. Homeless					
1 1	1 1 1	1 1	1 1 1							
Additional Information on	43. Rent/Mortgage		45. Utilities (SUA or Actual)							
Shelter Costs:			1 1 1							

			S	ection 4	- Inform	nation on	Each H	louseho	old Men	nber			
46. Person Number	47. SNAP Participation	48. Relation to Head of HH	49. Age	50. Sex	51. Race	52. Citizen Status	53. Edu. Level	54. Empl Status	oyment Hours	55. SNAP Work Reg.	56. SNAP E & T	57. ABAWD Status	58. Dependent Care Cost
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You may record information on up to 16 individuals using additional pages.

					S	ectio	n 5 - I	ncom	e Ide	ntifie	ed k	y Hous	sehol	d Me	mbe	r					
59. Person Number	erson Source 1 60. Income Type		61. Amount		<u>So</u> 62.	Source 2 62. Income Type		63. Amount		t	Source 3 64. Income Type		65. /	Amoui	nt	<u>Sou</u> 66. I	Source 4 66. Income Type	67. A	67. Amount		
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68.	69.		70.			71.		72.		73.		74	١.	7	75.		76.				
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