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FORM APPROVED OMB NO. 0584-0034
Expiration Date: 04/30/2021

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM NEGATIVE CASE ACTION REVIEW SCHEDULE

I. CASE MANAGEMENT INFORMATION (Not to be Transmitted)

A. CASE NAME *(Last, First, MI)*

B. TELEPHONE NUMBER

C. MAILING ADDRESS

D. ACTUAL ADDRESS/DIRECTIONS TO LOCATE

E. DATE ASSIGNED — MONTH DAY YEAR

F. DATE COMPLETED/DISPOSED OF — MONTH DAY YEAR

Reviewer _____

G. DATE CLEARED — MONTH DAY YEAR

Supervisor _____

II. IDENTIFYING INFORMATION

1. REVIEW NUMBER
2. CASE NUMBER
3. STATE AND LOCAL AGENCY CODE
4. SAMPLE MONTH AND YEAR
5. STRATUM
6. NOTICE DATE — MONTH DAY YEAR
7. ACTION DATE — MONTH DAY YEAR
8. ACTION TYPE
9. CASE CLASSIFICATION

III. ANALYSIS OF REVIEW ACTIVITY

10. DISPOSITION OF REVIEW
    a) Disposition
    b) NSTR Reason
11. FINDING
12. CASE RECORD REVIEW
    a) Recorded Reason for Action
    b) Accuracy of Recorded Reason
13. NOTICE REQUIREMENT
14. HOUSEHOLD NOTICE
    a) Required Language
    b) Notice Specific, Clear, Understandable
    c) Reason to HH
    d) Accuracy of Reason to HH
15. PROCEDURAL REQUIREMENTS
    a) Notice of Missed Interview
    b) Request for Contact
    c) Request for Verification
    d) Periodic Report
16. TIMELINESS OF ACTION
    a) Timeliness of Action
    b) Number of Days Action Early/Late
    c) Timeliness of Notice
    d) Number of Days Notice Late

IV. DESCRIPTION OF VARIANCES

17. ELEMENT CODE
    1. 2. 3.
18. NATURE CODE
    1. 2. 3.

RESERVED CODING

19. COLLATERAL/HOUSEHOLD CONTACT
20. ACTION INITIATED BY

RESERVED FOR FUTURE USE

OPTIONAL (STATE SYSTEMS ONLY)

V. EXPLANATION OF REVIEW FINDINGS

EXPLANATION OF REVIEW FINDINGS CONTINUED:

PRIVACY ACT STATEMENT

This report is required under provisions of 7 CFR 275.14 (The Supplemental Nutrition Assistance Program). This information is needed for the review of State performance in determining the eligibility of applicants and recipients. The information is used to determine State compliance, and failure to report may result in a finding of non-compliance.

OMB PAPERWORK COLLECTION 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 0584-0034. The time required to complete this information collection is estimated to average 2.9406 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.