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

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QUALITY CONTROL REVIEW SCHEDULE

Public reporting burden for this collection of information is estimated to average 1.056 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. **An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, Room 1014, Alexandria, VA 22032 ATTN: PRA (0584-0299). Do not return the completed form to this address. PRIVACY ACT NOTICE: This report is required under provisions of 7 CFR 275.24 (SNAP). 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 Number
3. State
4. Local Agency
5. Sample Month and Year
6. Stratum
7. Disposition
8. Findings
9.SNAP Allotment Under Review
10. Error Amount
11. Case Classification

Section 2 - Detailed Error Findings

	12. Element	13. Nature	14. Cause	15. Error Finding	16. Error Amount	17. Discovery	18. Verified	19. Occurrence a. Date	b. Time Period
1									
2									
3									
4									
5									
6									
7									
8									

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

25. Number of Household Members

26. Receipt of Expedited Service

27. Authorized Representative Used at Application

28. Categorical Eligibility

29. Reporting Requirement

Resources:

30. Liquid

31. Property (excluding home)

32a. Vehicle

32b. Status 2nd Vehicle

33. Countable Vehicle Assets

34. Other Non-liquid

Income:

35. Gross

36. Net

Deductions:

37. Earned Income

38. Medical

39. Dependent Care

40. Child Support

41. Shelter

42. Homeless

Additional Information on Shelter Costs:

43. Rent/Mortgage

44. Use of SUA
a. Usage b. Proration

45. Utilities (SUA or Actual)

Section 4 - Information on Each Household Member

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. Employment Status	Hours	55. SNAP Work Reg.	56. SNAP E & T	57. ABAWD Status	58. Dependent Care Cost

You may record information on up to 16 individuals using additional pages.

Section 5 - Income Identified by Household Member

59. Person Number	Source 1 60. Income Type	61. Amount	Source 2 62. Income Type	63. Amount	Source 3 64. Income Type	65. Amount	Source 4 66. Income Type	67. Amount

You may record income on up to 10 individuals by using additional pages.

Section 6 - Reserved Coding

68.	69.	70.	71.	72.	73.	74.	75.	76.

Section 7 - Optional For State Use

1.

2.

3.

4.