

APPENDIX B

FORM APPROVED OMB 0584-0074

U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service

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

1. LOCAL AGENCY _____
2. CASE NAME _____
3. ADDRESS _____
4. PHONE NUMBER _____
5. DIRECTIONS TO LOCATE _____
6. CASE NUMBER _____
7. REVIEW NUMBER _____
8. REVIEW DATE _____
9. RESERVED _____
10. MOST RECENT ACTION
 - a. Date _____
 - b. Type _____
11. CERTIFICATION PERIOD

From _____	To _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. PART. DURING SAMPLE MONTH

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------
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
------------------------------	-----------------------------
15. REVIEWER _____
16. DATE ASSIGNED _____
17. DATE OF CASE READING _____
18. DATE OF INTERVIEW _____
19. DATE COMPLETED _____
20. SUPERVISOR _____
21. DATE CLEARED _____

B. PERSONS LIVING IN THE HOME

	NAME	BIRTH DATE	AGE	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	FS RECIPIENT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

C. SIGNIFICANT PERSONS NOT LIVING IN THE HOME

	NAME	RELATIONSHIP OR SIGNIFICANCE	SOC. SECURITY NUMBER	ADDRESS	PHONE NUMBER	FINANCIAL SUPPORT
11						
12						
13						
14						
15						

D. REVIEW FINDINGS

- ALLOTMENT _____
- AMOUNT CORRECT UNDERISSUANCE
- OVERISSUANCE INELIGIBLE
- AMOUNT IN ERROR _____

FORM FNS-380 (9-03) Previous editions are obsolete.

Electronic Form Version Designed in JetForm 5.01 Version

Page 1

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
110 AGE	BASIC PROGRAM REQUIREMENTS (100)		1 = No error 2 = Agency error 3 = Client error
111 STUDENT STATUS			1 = No error 2 = Agency error 3 = Client error
130 CITIZENSHIP AND NON-CITIZEN STATUS			1 = No error 2 = Agency error 3 = Client error
140 RESIDENCY			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
150 HOUSEHOLD COMPOSITION			1 = No error 2 = Agency error 3 = Client error
151 RECIPIENT DISQUALIFICATION			1 = No error 2 = Agency error 3 = Client error
WORK REQUIREMENTS 160 EMPLOYMENT & TRAINING PROGRAMS			1 = No error 2 = Agency error 3 = Client error
161 TIME LIMITED PARTICIPATION			1 = No error 2 = Agency error 3 = Client error
162 WORK REGISTRATION			1 = No error 2 = Agency error 3 = Client error
163 VOLUNTARY QUIT/REDUCING WORK EFFORT			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
164 WORKFARE AND COMPARABLE WORKFARE			1 = No error 2 = Agency error 3 = Client error
165 EMPLOYMENT STATUS/JOB AVAILABILITY			1 = No error 2 = Agency error 3 = Client error
166 ACCEPTANCE OF EMPLOYMENT			1 = No error 2 = Agency error 3 = Client error
170 SOCIAL SECURITY NUMBER			1 = No error 2 = Agency error 3 = Client error
LIQUID RESOURCES 211 BANK ACCOUNTS OR CASH ON HAND	RESOURCES (200)		1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
212 NONRECURRING LUMP-SUM PAYMENTS			1 = No error 2 = Agency error 3 = Client error
213 OTHER LIQUID ASSETS			1 = No error 2 = Agency error 3 = Client error
NON-LIQUID RESOURCES 221 REAL PROPERTY			1 = No error 2 = Agency error 3 = Client error
222 VEHICLE			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION				REVIEW NO. _____
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS	
(1)	(2)	(3)	(4)	
224 OTHER NON-LIQUID RESOURCES				1 = No error 2 = Agency error 3 = Client error
225 COMBINED RESOURCES				1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
EARNED INCOME 311 WAGES AND SALARIES		INCOME (\$ 00)	1 = No error 2 = Agency error 3 = Client error
312 SELF-EMPLOYMENT			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
314 OTHER EARNED INCOME			1 = No error 2 = Agency error 3 = Client error
EARNED INCOME DEDUCTIONS 321 EARNED INCOME DEDUCTIONS			1 = No error 2 = Agency error 3 = Client error
323 DEPENDENT CARE DEDUCTIONS			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
UNEARNED INCOME 331 RSDI BENEFITS			1 = No error 2 = Agency error 3 = Client error
332 VETERANS BENEFITS			1 = No error 2 = Agency error 3 = Client error
333 SSI AND/OR STATE SSI SUPPLEMENT			1 = No error 2 = Agency error 3 = Client error
334 UNEMPLOYMENT COMPENSATION			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
335 WORKER'S COMPENSATION			1 = No error 2 = Agency error 3 = Client error
336 OTHER GOVERNMENT BENEFITS			1 = No error 2 = Agency error 3 = Client error
342 CONTRIBUTIONS			1 = No error 2 = Agency error 3 = Client error
343 DEEMED INCOME			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION			REVIEW NO.
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
344 TANF, PA or GA			1 = No error 2 = Agency error 3 = Client error
345 EDUCATIONAL GRANTS/ SCHOLARSHIPS/LOANS			1 = No error 2 = Agency error 3 = Client error
346 OTHER UNEARNED INCOME			1 = No error 2 = Agency error 3 = Client error
350 CHILD SUPPORT PAYMENTS RECEIVED FROM ABSENT PARENT			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
OTHER DEDUCTIONS 361 STANDARD DEDUCTION			1 = No error 2 = Agency error 3 = Client error
363 SHELTER DEDUCTION			1 = No error 2 = Agency error 3 = Client error
364 STANDARD UTILITY ALLOWANCE			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
365 MEDICAL DEDUCTION			1 = No error 2 = Agency error 3 = Client error
366 CHILD SUPPORT PAYMENT DEDUCTION			1 = No error 2 = Agency error 3 = Client error
371 COMBINED GROSS INCOME			1 = No error 2 = Agency error 3 = Client error
372 COMBINED NET INCOME			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION		REVIEW NO.	
ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
520 ARITHMETIC COMPUTATION			1 = No error 2 = Agency error 3 = Client error
530 TRANSITIONAL BENEFITS			1 = No error 2 = Agency error 3 = Client error
560 REPORTING SYSTEM			1 = No error 2 = Agency error 3 = Client error
810 FOOD STAMP SIMPLIFICATION PROJECT			1 = No error 2 = Agency error 3 = Client error
820 DEMONSTRATION PROJECTS			1 = No error 2 = Agency error 3 = Client error

**FOOD STAMP PROGRAM QUALITY CONTROL
COMPUTATION SHEET**

	ELIGIBILITY WORKER	FINAL SAQC DETERMINA- TION			
	(1)	(2)	(3)	(4)	(5)
Wages, salaries, Federal workstudy minus allowable expenses, or other income from employment. (Do not count excluded income)					
Member : Source					
:					
:					
:					
1. Add Line K from Self-Employment addendum sheet (if applicable) and all earned income listed above.					
Educational grants, scholarships, or loans (except Federal workstudy)					
2. Enter monthly income received from educational grants, etc..					
3. Enter monthly tuition and mandatory fees and other allowable expenses.					
4. Subtract 3 from 2.					
5. Add lines 1 and 4.					
Unearned income (Do not count excluded income)					
:					
:					
:					
6. Total unearned income.					
Gross monthly income					
7. Add lines 5 and 6.					
8. Enter net loss from line K, if applicable.					
9. Subtract line 8 from 7. (Result is gross monthly income.)					
10. Enter appropriate gross income eligibility limit.					
Go to line 11 only if: - line 9 is less than or equal to line 10; or - household contains an elderly/disabled member, or - household is categorically eligible for food stamps.					
DEDUCTIONS: (Other than shelter)					
11. Multiply line 1 by 20% and enter result here.					
12. Subtract 11 from 9.					
13. Enter standard deduction.					
14. Subtract line 13 from 12.					
15. Enter medical costs over limit for household with elderly/disabled member.					
16. Subtract line 15 from 14.					
17. Enter dependent care costs (not to exceed authorized limit).					
18. Subtract line 17 from 16.					
19. Enter child support.					
20. Subtract line 19 from 18.					

**FOOD STAMP PROGRAM QUALITY CONTROL
COMPUTATION SHEET**

	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMINA- TION (2)	(3)	(4)	(5)
21. Enter homeless shelter deduction, if applicable.					
22. Subtract 21 from 20.					
23. If household had shelter costs, and did not receive a homeless shelter deduction divide line 22 by 2.					
SHELTER COSTS: (Use either the utility standard or the actual cost of each utility bill.)					
Rent or mortgage					
Taxes and insurance					
Total utility standard					
Telephone (Basic rate)					
Electric					
Gas					
Oil					
Water and Sewerage					
Garbage and trash					
Installation of utilities					
Other					
24. Total shelter costs					
25. Enter amount from line 23.					
26. Subtract line 25 from 24. (Result equals excess shelter costs).					
27. If no elderly/disabled member, enter the maximum limit for the shelter deduction.					
NET MONTHLY INCOME					
28. Enter amount from line 20 (income after all deductions except shelter)					
29. If elderly/disabled member, enter line 26. For all other households, enter amount from line 26 or 27, whichever is less.					
30. Subtract line 29 from 28. (Result equals net monthly income.)					
31. Enter appropriate net income eligibility limit.					
Go to line 32 only if: - Line 30 is less than or equal to line 31; OR - all members of the HH are categorically eligible.					
ALLOTMENT LEVEL					
32. Enter Thrifty Food Plan for household size.					
33. Multiply line 30 by 30% and enter result here.					
34. Subtract line 33 from 32; (prorating or applying minimum allotment if required.)					

**FOOD STAMP PROGRAM QUALITY CONTROL
COMPUTATION SHEET
SELF-EMPLOYMENT ADDENDUM**

FOR HOUSEHOLDS WITH SELF-EMPLOYMENT INCOME: START AT STEP A AND WORK THROUGH STEP K. DO THE STEPS IN ORDER. IF A NEGATIVE NUMBER RESULTS AFTER SUBTRACTING TWO NUMBERS, INSERT ZERO, EXCEPT LINES O, J, AND K.	ELIGIBILITY WORKER	FINAL SAQC DETERMINATION			
	(1)	(2)	(3)	(4)	(5)
FARM SELF-EMPLOYMENT INCOME					
HOUSEHOLD MEMBERS : SOURCE					
:					
:					
A. Total monthly gross farm self-employment income					
B. Enter monthly farm business costs					
SUBTRACT LINE B FROM LINE A, AND:					
C. If gross income exceeds costs enter figure here as net farm gain.					
D. If business costs exceed gross income, enter figure here as net farm gain.					
SELF-EMPLOYMENT INCOME OTHER THAN FARMING (Include room and board payments)					
:					
:					
:					
E. Total monthly gross self-employment income other than farming.					
F. Enter monthly farm self-employment income from line C (If Applicable)					
G. Add lines E and F. (Result is total self-employment income.)					
H. Enter monthly business cost other than farming.					
I. Subtract line H from G. (Result is net monthly self-employment income before taxes; (If Less Than 0, Enter 0.)					
J. Enter net farm loss from line D (If none, enter 0)					
K. Subtract line J from I. Enter as a positive number, a negative number or 0.					

If line K shows a net gain, add to wages and salaries on line 1 and enter 0 on line 8 of the Computation Sheet.
 If Line K shows a net loss, enter amount on line 8 of the Computation Sheet and make no entry for self-employed income on line 1.

INSTRUCTIONS FOR COMPLETING FORM FNS-380, THE WORKSHEET FOR FOOD STAMP PROGRAM QUALITY CONTROL REVIEWS

GENERAL

The standard worksheet appears in this Handbook in Appendix B. The automated worksheet may be downloaded from the USDA Food Stamp Quality Control homepage at the following address: <http://www.fns.usda.gov/fsp/qc/default.htm>. The users manual for the automated worksheet follows the FNS 380 form and the instructions for filling in the form.

Some States have designed their own worksheet for Food Stamps Quality Control (QC) reviews. These States must submit for approval their designed worksheets to the FNS regional office (RO). The worksheet will be reviewed and States will then be notified of the decision.

FACESHEET - PAGE 1 (FNS-380)

This is page one of the Worksheet for Food Stamp Quality Control reviews. There are four sections:

- Section A, is for identifying information and tracking information about the QC review.
- Section B, lists persons living in the home.
- Section C, lists significant persons not living in the home.
- Section D, is a summary of the review findings.

SECTION A - IDENTIFYING INFORMATION

1. **Agency** - Enter name of local agency.
2. **Case Name** - Enter the name of the recipient by which the case is identified.
3. **Address** - Enter the complete address at which the recipient resides.
4. **Telephone Number** - Enter the telephone number at which the recipient can be reached.

5. **Directions to Locate** - Enter the directions to the address where the recipient resides. (This is particularly significant where the mailing address is a post office box number or rural route number.)
6. **Case Number** - Enter the number assigned by the local agency to identify the household that was certified.
7. **Review Number** - Enter the number assigned to the Quality Control Review.
8. **Review Date/Month** - Enter month, day, and year for which case eligibility and benefit level were reviewed.
9. **Reserved** - Leave blank.
10. **Most Recent Action: Date and Type** - Enter the effective date (month, day, and year) of the most recent certification or recertification action prior to or concurrent with the review date. This date cannot be prior to the start of the most recent certification period.
 - A *certification* means the first time a case has been certified or a certification action following a break in participation.
 - A *recertification* means the initial certification period has expired and the agency has (a) completed a reexamination of all factors of eligibility subject to change following a period of time during which the recipient has been determined eligible and (b) made a decision to continue eligibility.
11. **Certification Period** - Enter the period for which the case was certified.
12. **Participated During Sample Month** - Check (✓) the appropriate box to indicate if the household participated during the sample month.
13. **Received Expedited Service** - Check (✓) the appropriate box to indicate if the household was certified using expedited service procedures.
14. **Categorically Eligible Household** - Check (✓) the appropriate box to indicate whether the household was categorically eligible.
15. **Reviewer** - Enter the name of the QC reviewer conducting the review and/or the reviewer's identification number.

16. **Date Assigned** - Enter the month, day and year the sample case was received by the QC reviewer.
17. **Date of Case Readings** - Enter the month, day and year the QC reviewer read the local office record of the recipient.
18. **Date of Personal Interview** - Enter the month, day and year a personal interview was held with the recipient.
19. **Date Completed** - Enter the month, day and year the Quality Control review was completed.
20. **Supervisor** - Enter the name of the QC reviewer's supervisor(s).
21. **Date Cleared** - Enter the month, day and year the review was cleared by the supervisor for statistical processing.

SECTION B - PERSONS LIVING IN THE HOME

Name - Enter the names of all persons living in the household. These would include the recipient, and both related and unrelated persons, including roomers and boarders. The first person listed should be the head of the household.

If additional space is needed, use the reverse side of the facesheet. For additional space on the automated worksheet, press enter on the button labeled "Click for more HH members".

Birth Date - Enter the birth dates of all persons listed as members of the food stamp household.

Age - Enter the age of all persons listed as members of the food stamp household.

Relationship or Significance - Enter letters to show the relationship of the household members to the head of the household such as:

- SP - spouse
- S - son
- D - daughter
- GS - grandson
- N - niece
- FR - friend, etc.

Note: If the person is not included in the food stamp household under review but is a food stamp recipient indicate the case number under which he/she is receiving food stamps.

Social Security - Enter the social security number of each household member. Enter "unknown" if the number cannot be determined from the case record or field investigation. Enter "none" if it is known that the household member never had a social security number.

Recipient - Indicate whether the agency included this person in the sampled household.

SECTION C - SIGNIFICANT PERSONS NOT LIVING IN THE HOME

Name - Enter the names of all persons, including responsible relatives not residing in the household, living or dead, who are of significance to the members of the food stamp household. This includes all absent parents (and alleged parents) of children in the household whether or not they are known to contribute to the person's support.

If the identity of the absent parent of a member of the household listed in Section B is unknown write "father/mother unknown" in this column and indicate the line number of the member in Section B.

Relationship or Significance - Enter the relationship of each person to the member of the household listed in Section B, and identify by line number, the individual to whom the relationship pertains.

Social Security Number - Enter the social security number (SSN), if known, of persons listed in this section.

- Enter "unknown" if the number cannot be determined from the case record or field investigation.
- Enter "none" if it is known that the person never had a SSN.

Address - Enter the address of each person listed. If the address cannot be determined either from the case record or from the field investigation enter "unknown".

Phone Number - Enter the telephone number of each person listed.

Financial Support - Check (✓) this box for any person who provided financial support to a member of the food stamp household during the budget or review month.

SECTION D - REVIEW FINDINGS

This section provides a brief summary of the review findings. Enter the allotment amount authorized for the review month. (See section 232.) Check (✓) the box that corresponds to the findings of the review of the case. If an error exists, enter the amount of the error.

WORKSHEET NARRATIVE- PAGES 2 THROUGH 14 (FNS-380)**GENERAL INSTRUCTIONS**

Use the remaining portion of the worksheet to document each step of the independent full-field investigation and to evaluate each step in determining eligibility and appropriate benefit level. Record the facts sufficiently to establish the basis on which the decision was made on each element.

COLUMN 1, ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE

Listed are a number of elements associated with eligibility and benefit level. Definitions of these elements and verification requirements are found in Chapters 8 through 11. States may add, under each area, any additional State eligibility requirements not included herein.

COLUMN 2, QC ANALYSIS OF CASE RECORD

Use this column to record documentation contained in the case record and to assist in planning for the field investigation. Enter details of recorded information that need not be reverified in this column. Note any pertinent facts; also record whether anything is questionable about the information. Identify questions that pertain to some but not all persons in the family. Indicate any of the following: conflicts in information recorded, factors subject to change, reliability of information recorded, reliability of source used, and missing information.

Use this column selectively to highlight other points to be considered when conducting the field investigation or to remind you of the case situation.

COLUMN 3, FINDINGS OF FIELD INVESTIGATION

Record the results of the field investigation. Information in this column provides the basis for completing the review findings and detailed error finding portions of the QC Review Schedule. The QC review is a review of the validity of the case at a given point in time in accordance with the provisions of Federal law, regulations, and implementing memoranda. Therefore, the entries in this column will relate to the facts of the situation affecting eligibility as of the review date even though the specific findings may or may not constitute a case error.

Answer any questions raised in Column 2 in this section. Entries such as “correct”, “verified”, and “OK” do not constitute adequate information. Document the specific sources used as verification or any attempts to verify the element for all applicable elements of eligibility and basis of issuance. Information must be provided in sufficient detail for anyone reviewing the case at a later time to clearly understand the conclusions on each element and the final conclusions on the case.

Where there are eligibility or basis of issuance variances based on circumstances as of the review date, record the date the variances first occurred.

COLUMN 4, RESULTS

Complete each element by circling one of the following to indicate the final decision:

- 1 = No error
- 2 = Agency error
- 3 = Client error

An agency error is defined as the failure of the agency to discharge its responsibilities in a proper and timely manner.

A client error is defined as the failure of the recipient, guardian, or authorized representative to provide correct information or to otherwise discharge his/her responsibility in a proper and timely manner.

Where both the agency and the client are responsible for the same error in an element the agency error takes precedence on the basis that the client’s failure would have been negated, and no discrepancy would have existed had the agency acted proper.

COMPUTATION SHEETS - PAGES 15 THROUGH 17 (FNS-380)

General Instructions

The computation sheets are to be used to document all completed active case reviews. The only exceptions are reviews of households that were ineligible for reasons other than income. Columns (1) and (2) are required to be completed, Columns (3), (4) and (5) are optional. Regardless of the use of Columns (3), (4), and (5), Columns (1) and (2) must be used as outlined below.

COLUMN 1, ELIGIBILITY WORKER

Column (1), record the figures that the eligibility worker used to compute the allotment for the sample month.

COLUMN 2, FINAL SAQC DETERMINATION

Column (2), record the final quality control determination figures based on the results of the review.

Note: If the household was ineligible because of gross or net income the reviewer may stop at the appropriate income line.

COLUMNS 3, 4, 5

Columns (3), (4), and (5) of the computation sheets are optional. They are included for the convenience of States and may be used for recording:

- Comparison I
- Comparison II
- Illustrating the impacts of individual variances
- Reflecting a retrospectively budgeted household's prospective eligibility
- Any other State identified purpose

FOOD STAMP QUALITY CONTROL AUTOMATED FNS-380

User's Manual

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INTRODUCTION

The FOOD STAMP QUALITY CONTROL ELECTRONIC WORKSHEET (FNS-380) consists of one database that contains single or multiple reviews for a specific period (ex: fiscal year 2001). It was developed using Microsoft Access 2000. It allows users to:

- Enter a new review
- View previously entered reviews
- Delete an entire review
- Change a previously entered review
- Import from/export to an ASCII file
- Save entire worksheet to a file
- Print any page from the worksheet

To enter reviews for another period (ex: fiscal year 2002), the user needs to rename FNS-380 (ex: rename FNS-380 to FNS-380_2001 then download a new version from the USDA Food Stamps Quality Control homepage to use it for the new period. The address for this homepage is as follows:

<http://www.fns.usda.gov/fsp/qc/default.htm>.

To facilitate data entry, the system presents a full-screen data entry format; screen layouts resemble the pages of the Worksheet for Food Stamp Quality Control review.

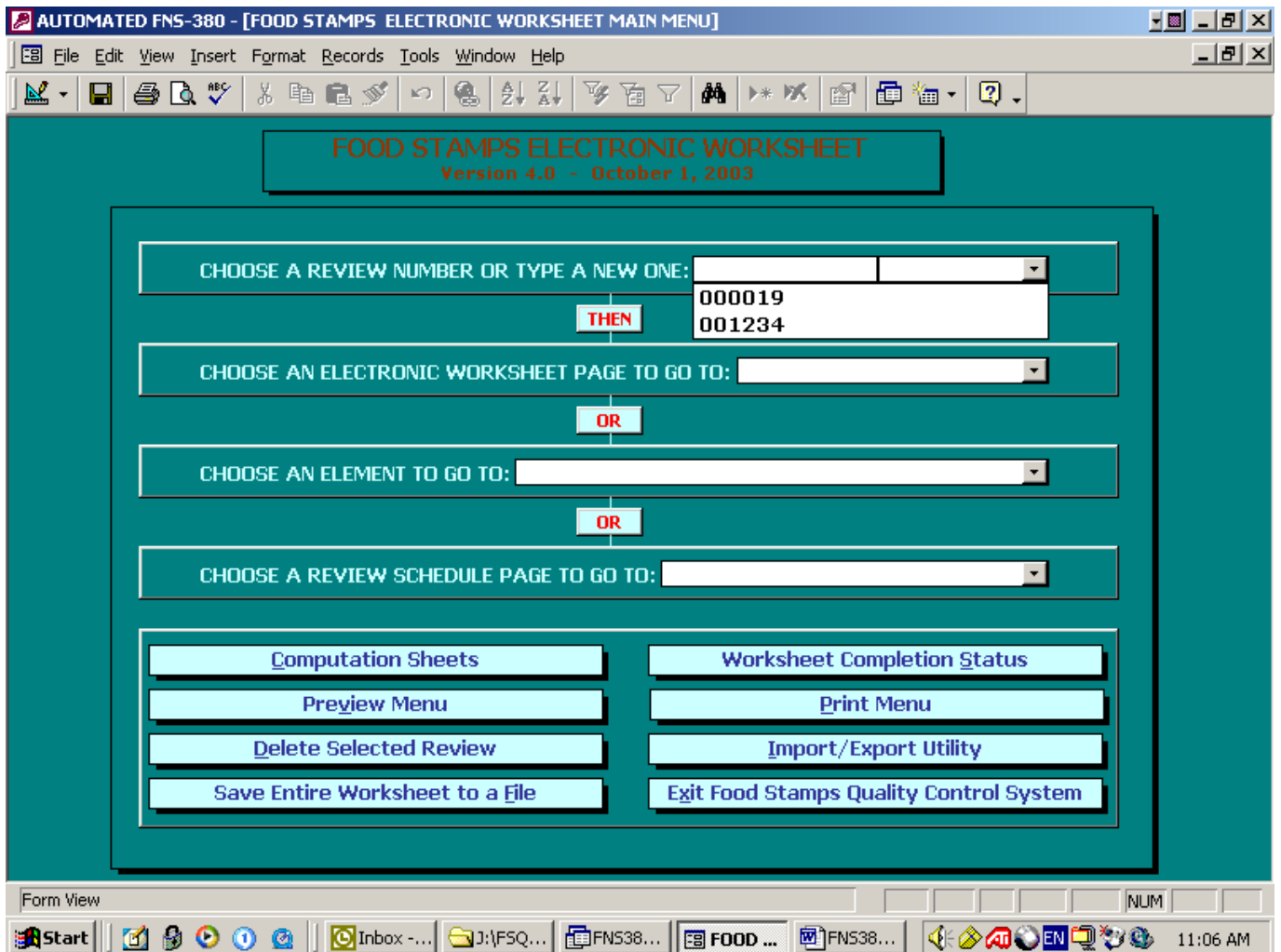
DATA ENTRY

1. ENTERING NEW REVIEWS



STEP 1:

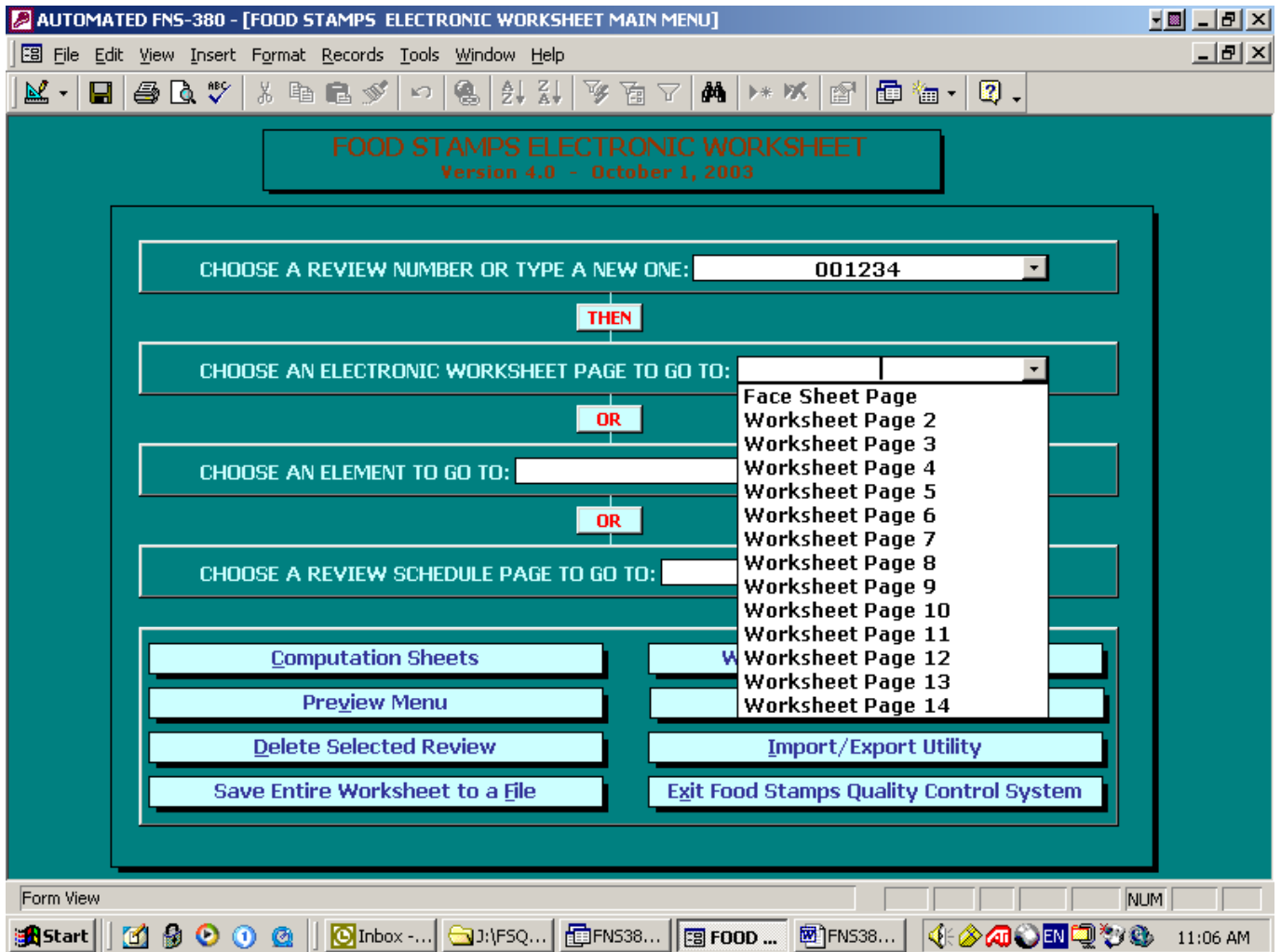
You must choose a review number before entering any review information. To enter a new **review number**, click on the box next to "CHOOSE A REVIEW NUMBER OR TYPE A NEW ONE"; then enter a new review number.



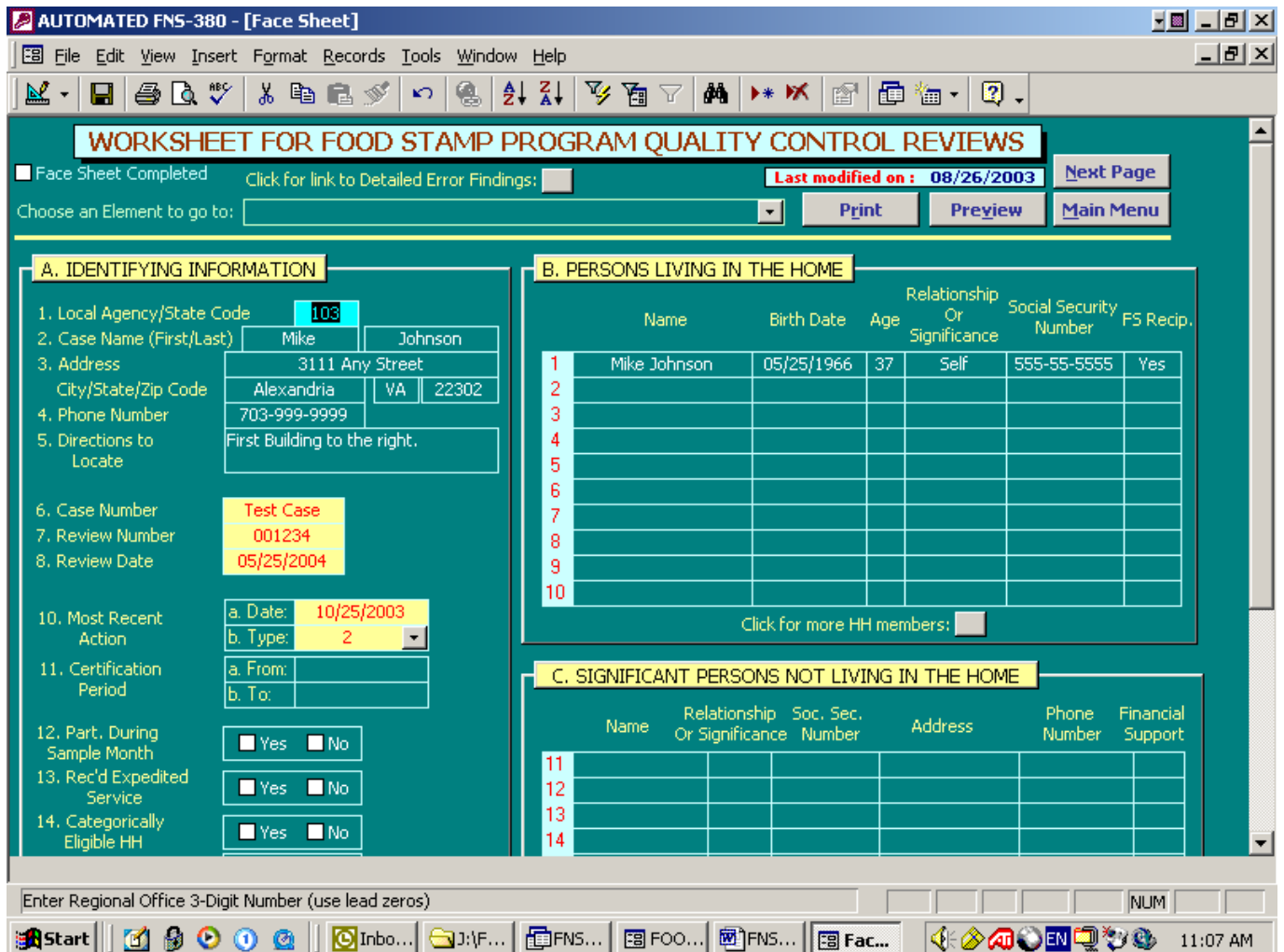


STEP 2:

To select a **page** from the electronic worksheet, go to the box to the right of CHOOSE AN ELECTRONIC WORK SHEET PAGE TO GO TO; click on the down arrow next to the box; and then choose a page from the drop down list.

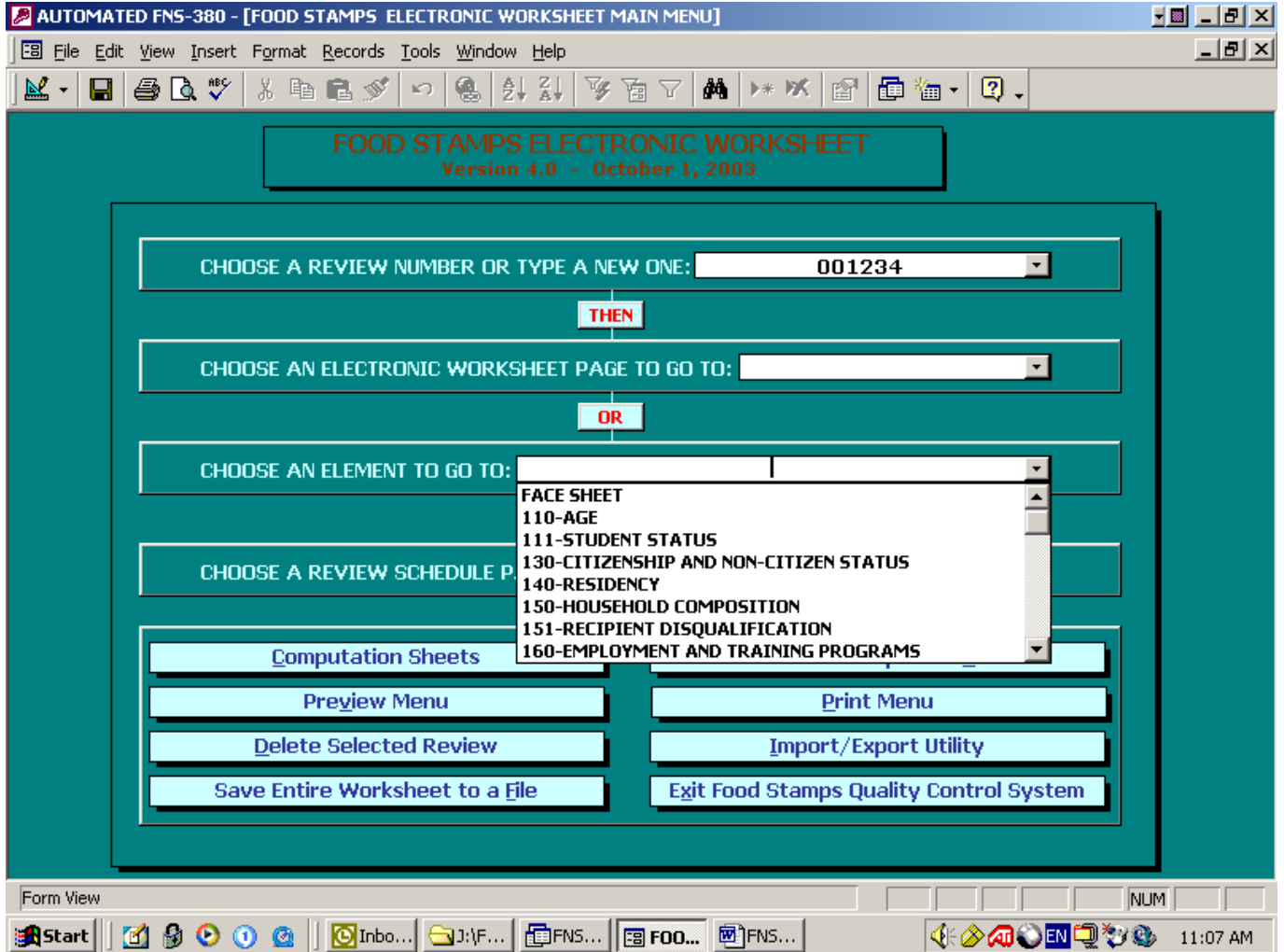


The selected page of the Food Stamp Electronic Worksheet appears.



OR

To go to an **Element** of the electronic worksheet, click on the arrow next to the box beside CHOOSE AN ELEMENT TO GO TO: and then select an element from the drop down list. Or, you may type an element number (the system will automatically finish entering that element name in the block) and then click the box.



The selected page of the Food Stamp Electronic Worksheet appears.

AUTOMATED FNS-380 - [Worksheet Page 2]

File Edit View Insert Format Records Tools Window Help

Review Number: **001234** **ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION** [Prev. Page](#) [Next Page](#)

Page 2 Completed

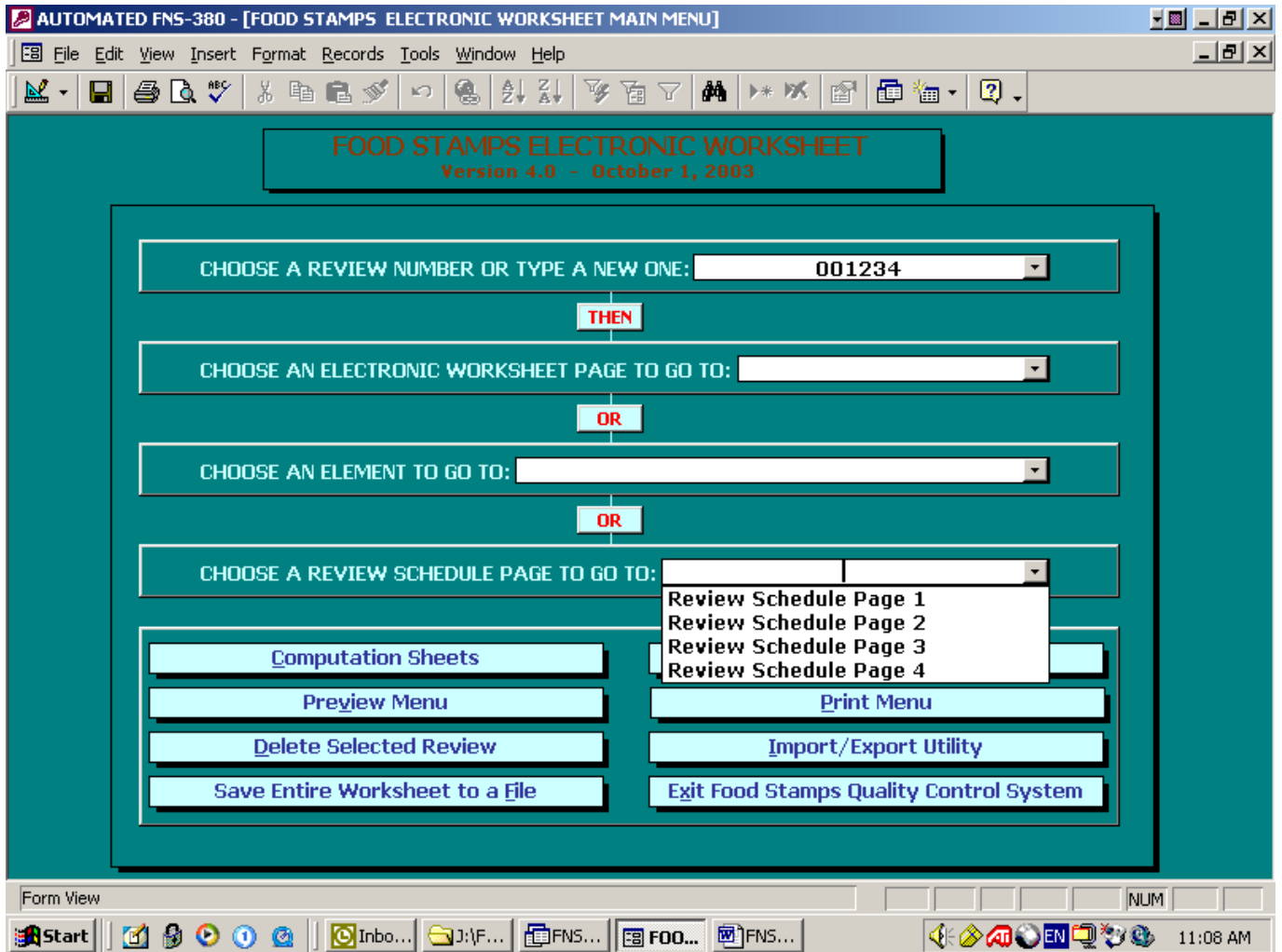
Choose an Element to go to: [Print](#) [Preview](#) [Main Menu](#)

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE (1)	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies) (2)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors) (3)	RESULTS (4)
BASIC PROGRAM REQUIREMENTS (100)			
110 AGE	Last modified on :	Last modified on :	1 No Error 2 Agency Error 3 Client Error
111 STUDENT STATUS	Last modified on :	Last modified on :	1 No Error 2 Agency Error 3 Client Error
130 CITIZENSHIP AND NON-CITIZEN STATUS	Last modified on :	Last modified on :	1 No Error 2 Agency Error 3 Client Error
140 RESIDENCY	Last modified on :	Last modified on :	1 No Error 2 Agency Error 3 Client Error

Form View NUM

Start | Inbo... | J:\F... | FNS... | FOO... | FNS... | Wor... | 11:08 AM

To select a **Review Schedule** page, go to the box next to CHOOSE A REVIEW SCHEDULE PAGE TO GO TO; click on the down arrow for the box and choose a page from the drop down list.



The selected page of the Review Schedule appears.

AUTOMATED FNS-380 - [FOOD STAMPS REVIEW SCHEDULE] Page 1

SECTION 1 - REVIEW SUMMARY

1. QC Review Number	2. Case Number	3. State	4. Local Agency	5. Sample Month and Year	6. Stratum
001234	Test Case	99	103	05 2004	3A
7. Disposition	8. Finding	9. FS Allotment Under Review	10. Error Amount	11. Case Classification	
1	3	0125	0085	1	

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
111	006	01	2	00059	03	09	10/2003	3

Page 2 Page 3 Page 4 Undo Preview Print Main Menu

Enter the number assigned to the Quality Control review NUM

Start Inbo... J:\F... FNS... FOO... FNS... FOO... 11:09 AM

**STEP 3:**

To enter review data, simply begin typing.

Some items to remember while entering data:

- Press **enter** or Tab to skip over a field.
- Use the right and left cursor movement keys to move from position to position within a field.
- Amount fields are centered.
- Hit **F1** on any field to get help on that field.
- A description of a field and/or the allowable range of characters that can be entered appears in the task bar on the bottom of the screen.
- If you are done entering data to the current page, check the box on the upper left corner to mark the page as completed.

The usual **keyboard controls** in a Windows environment are used in this program. Refer to **Attachment A** for more guidance on keyboard controls.

In addition, for this application, filling, or moving past, the last field on a screen automatically opens the next data entry screen. Many fields have range-checking or data validation, and will not allow invalid data to be entered. You may either blank out the field or use the escape key to allow you to continue.

These instructions above apply to using the cursor on all data entry screens.

The **Selection Menu** appears at the top of the page selected. This menu allows the user to:

- Move to the **Next Page**
- Go back to the **Previous Page**
- **Print** the page
- **Preview** the page
- Choose an **Element** to go to from the list box
- Return to the **Main Menu**

**STEP 4:**

To enter review data appearing on the next page of the Electronic Worksheet, select **Next Page** at the top of the screen.

The next page of the Electronic Worksheet appears.

There are several things to remember when entering data to this screen:

- When the next page is displayed, the cursor is in the first position of the first field.
- Press Tab to move to the next field or to skip over a field.
- Press Shift + Tab to move to the previous field.
- To change data already entered to a field, move to the first position of the field, delete incorrect data and retype correct data.
- To remove all data appearing in the field press Ctrl+Del keys.
- The data on the field is saved automatically when user advances to the next field.

**STEP 5:**

Continue entering data in the same manner on any selected page of the Electronic Worksheet.

**STEP 6:**

When data entry is complete, to add another review, return to the **Main Menu** and click on the Review Number list box to type a new review number, or click on the down arrow to select one from the list box. If there are no more reviews to enter, click **Exit Food Stamp Quality Control System** to close the program.

2. VIEWING OR CHANGING PREVIOUSLY ENTERED REVIEWS



STEP 1:

At the main menu select a review number from the list box.



STEP 2:

Select either an Electronic Worksheet page, an element or a Review Schedule page to go to.

The selected page of the Food Stamp Electronic Worksheet for that particular review number will appear. Edit data on the Face Sheet page, pages 2-14 of the Food Stamp Electronic Worksheet, or the Review Schedule pages.



STEP 3:

To view any additional reviews, click on **Main Menu** at the top of the screen and select another review number.

3. ENDING A WORK SESSION

To end the work session at any time, return to the **Main Menu** and click on **Exit Food Stamp Quality Control System** to close the application and exit the program. Data is automatically saved.

MAIN MENU UTILITIES

(1) Computation Sheets

Use the pull down box to select a review number, then click on Computation Sheets. Page 1 of the Food Stamp Program Quality Control Computation Sheet appears. Enter data or edit data as you need or do calculations manually. If you are using the automated version, calculations will be done automatically.

FOOD STAMP PROGRAM QUALITY CONTROL COMPUTATION SHEET

Review # : 001234

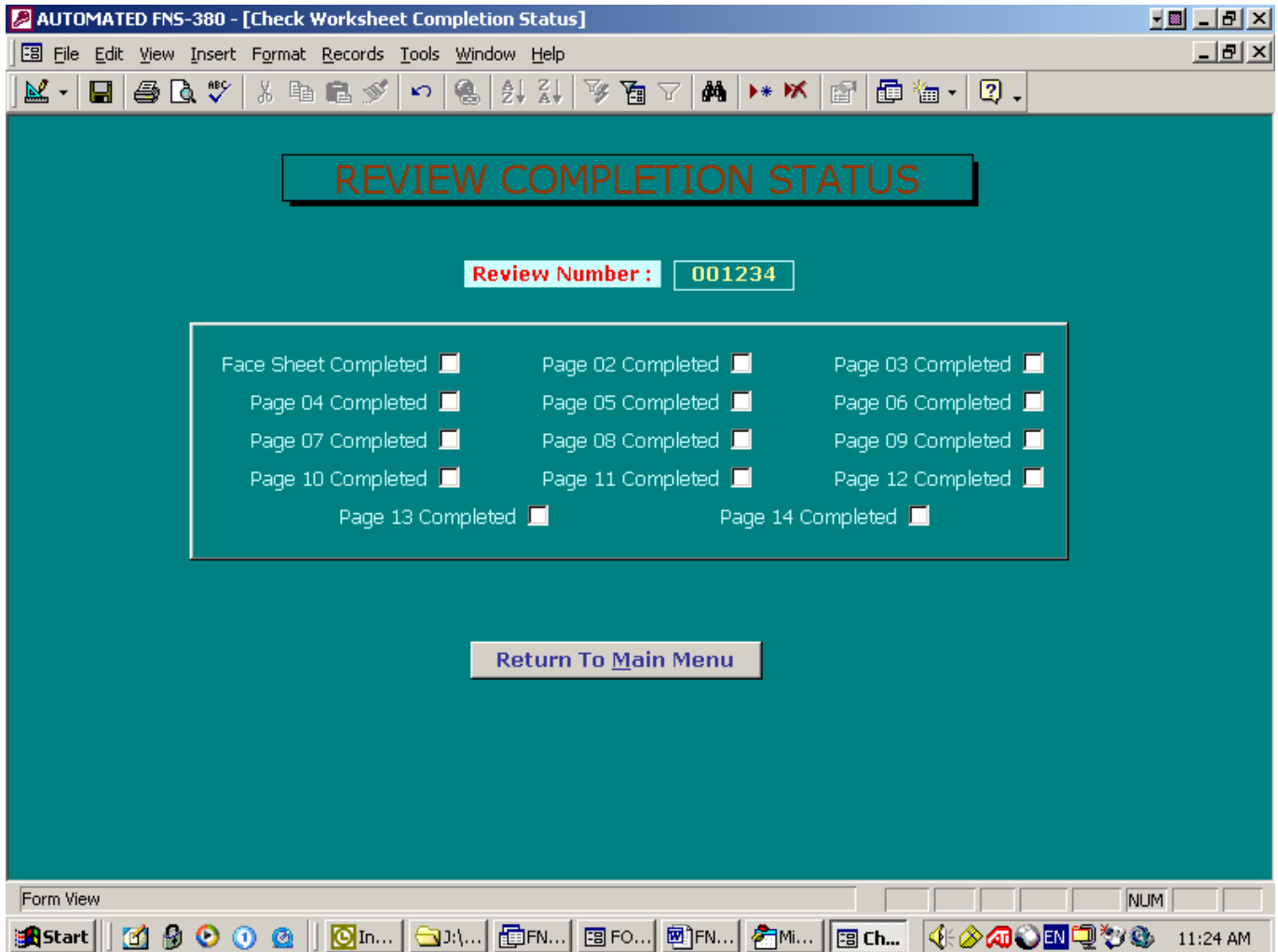
	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMINATION (2)	(3)	(4)	(5)
Wages, salaries, federal workstudy minus allowable expenses, or other income from employment. (Do not count excluded income)					
MEMBER : SOURCE					
:					
:					
1. Add Line K from Self-Employment addendum sheet (if applicable) and all earned income listed above.					
EDUCATIONAL GRANTS, SCHOLARSHIPS, OR LOANS (except Federal workstudy)					
2. Enter monthly income received from educational grants, etc.					
3. Enter monthly tuition and mandatory fees and other allowable expenses.					
4. Subtract 3 from 2.					
5. Add lines 1 and 4.					
UNEARNED INCOME (Do not count excluded income)					
:					

Form View FLTR NUM 11:23 AM

A selection menu is at the top and bottom of the page. It allows the user to go to page 2, self-employment page, print and preview the current page. Use the scroll bar to view the rest of the page. When finished, click on the **close** button to go back to the main menu.

(2) Worksheet Completion Status

This utility allows the user to check his work progress. It lists the Electronic Worksheet pages (Face Sheet page and pages 2-14) with a checkbox next to each page. If the checkbox is checked, it means that the corresponding page is completed for the selected review number.



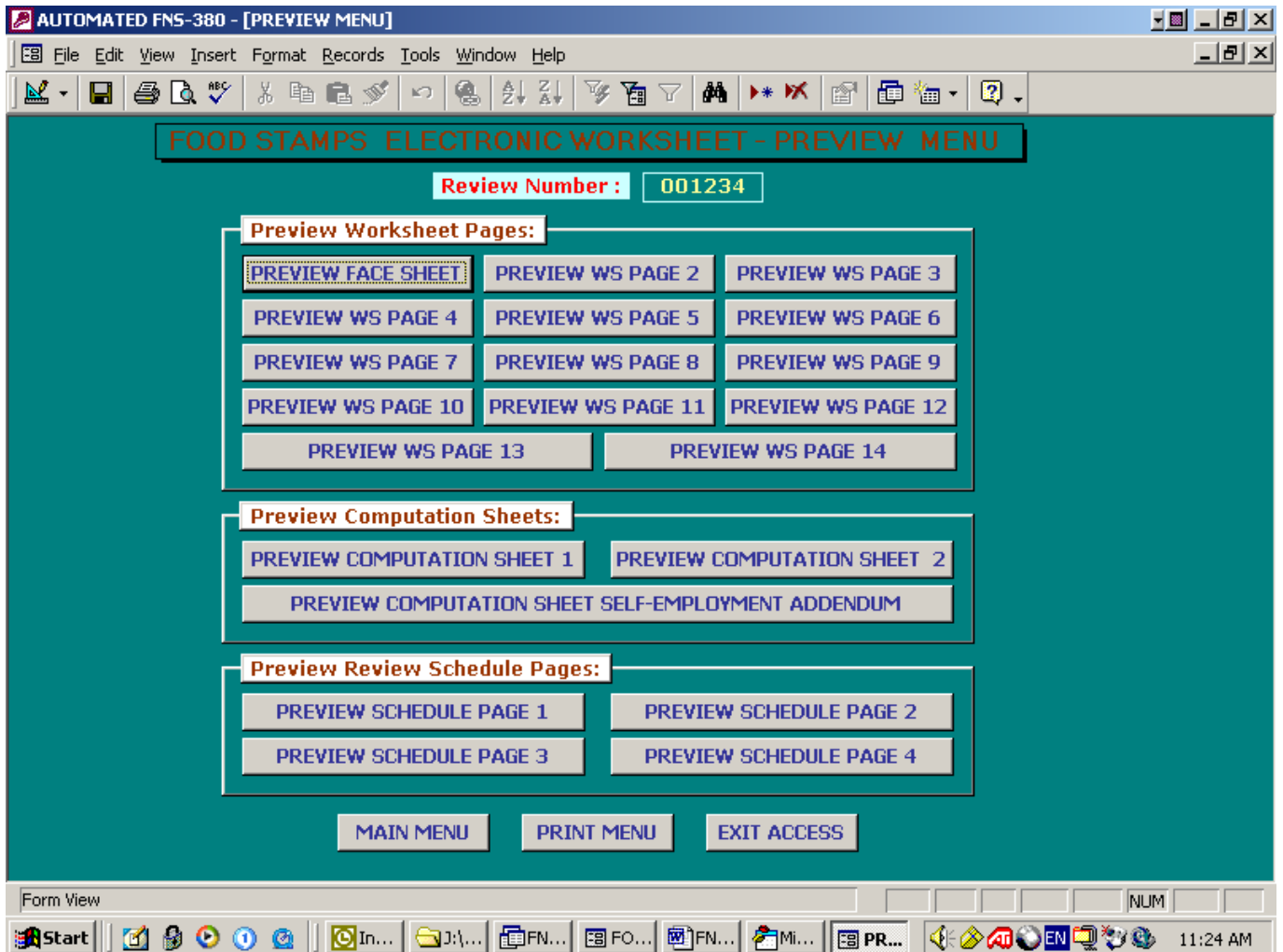
(3) Preview Menu

This utility has three sections:

- Choose to preview the face Sheet page or any page from pages 2-14 from the **Preview Worksheet Pages** section.
- Choose to preview the computation sheets from the **Preview Computation Sheets** section.
- Choose to preview the review schedule pages 1-3 from the **Preview Review Schedule Pages** section.

At the bottom of the page, there are three command buttons:

- Click on **Main Menu** button to go to the main menu.
- Click on **Print Menu** to go to the Print Menu page.
- Click on **Exit Access** to quit the application.



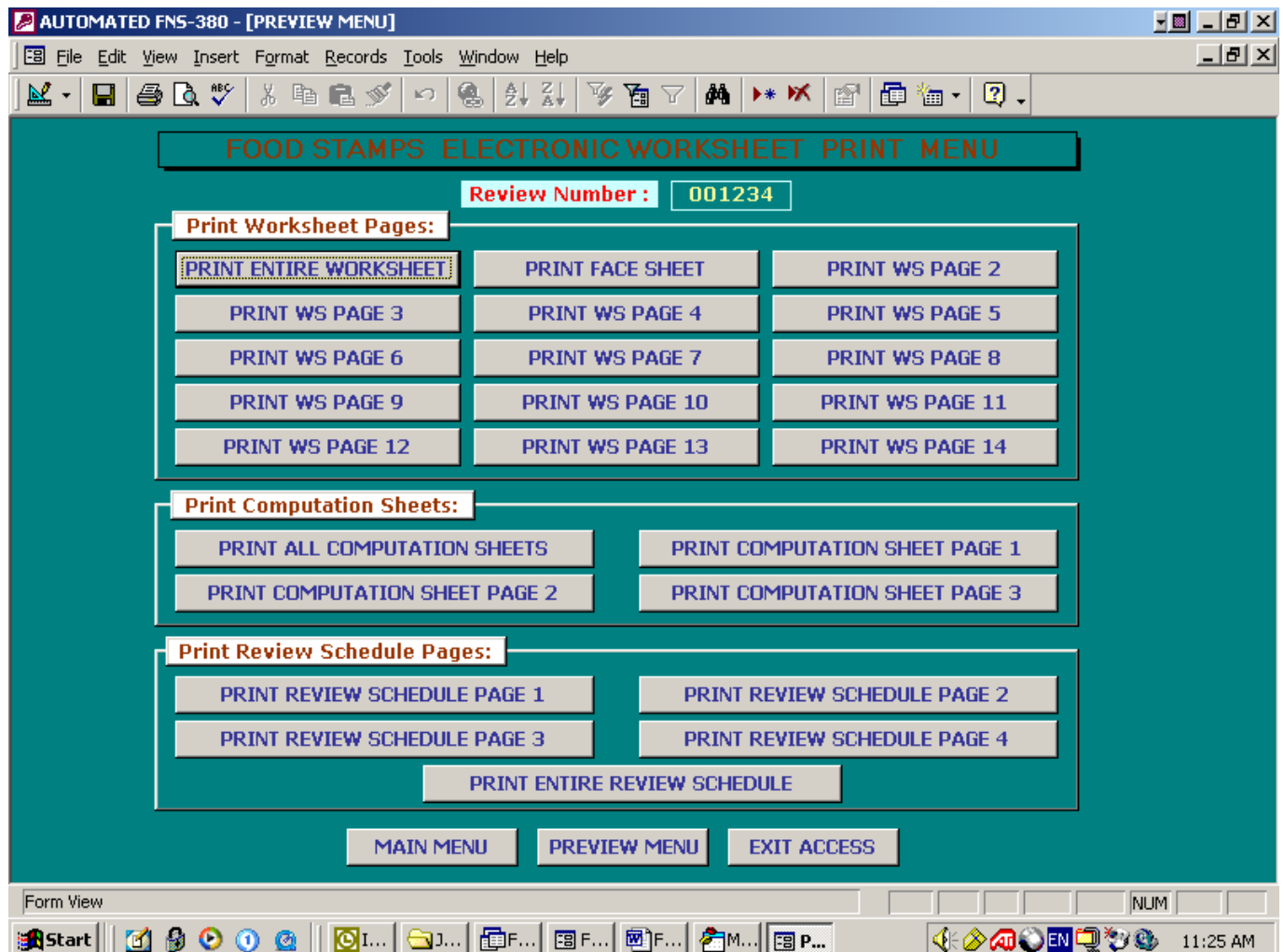
(4) Print Menu

This utility has three sections:

- Choose to print the face Sheet page or any page from pages 2-14 from the **Print Worksheet Pages** section.
- Choose to print the computation sheets from the **Print Computation Sheets** section.
- Choose to print the review schedule pages 1-3 from the **Print Review Schedule Pages** section.

At the bottom of the page, there are three command buttons:

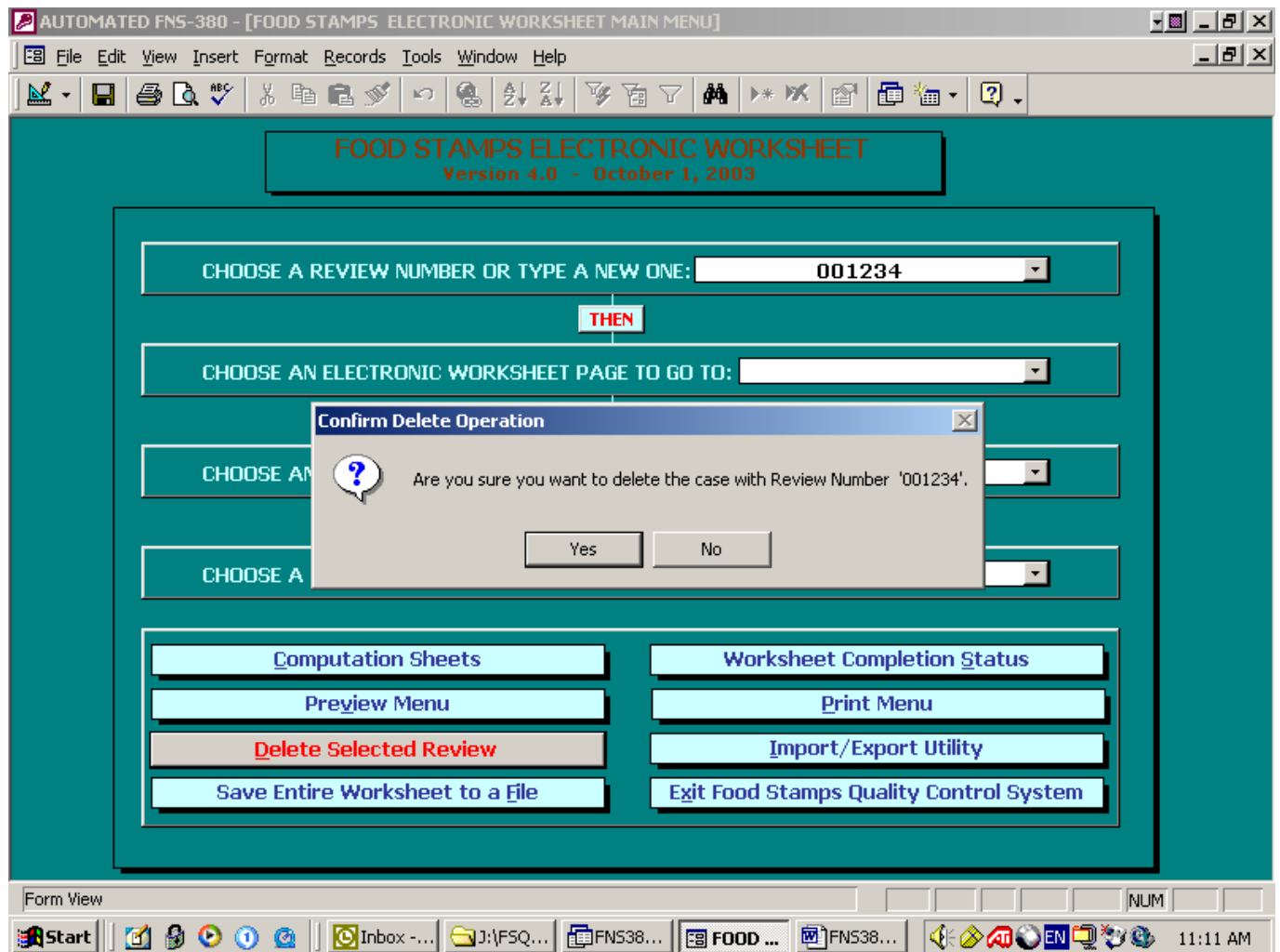
- Click on **Main Menu** button to go to the main menu.
- Click on **Preview Menu** to go to the preview menu page.
- Click on **Exit Access** to quit the application.



(5) Delete Selected review

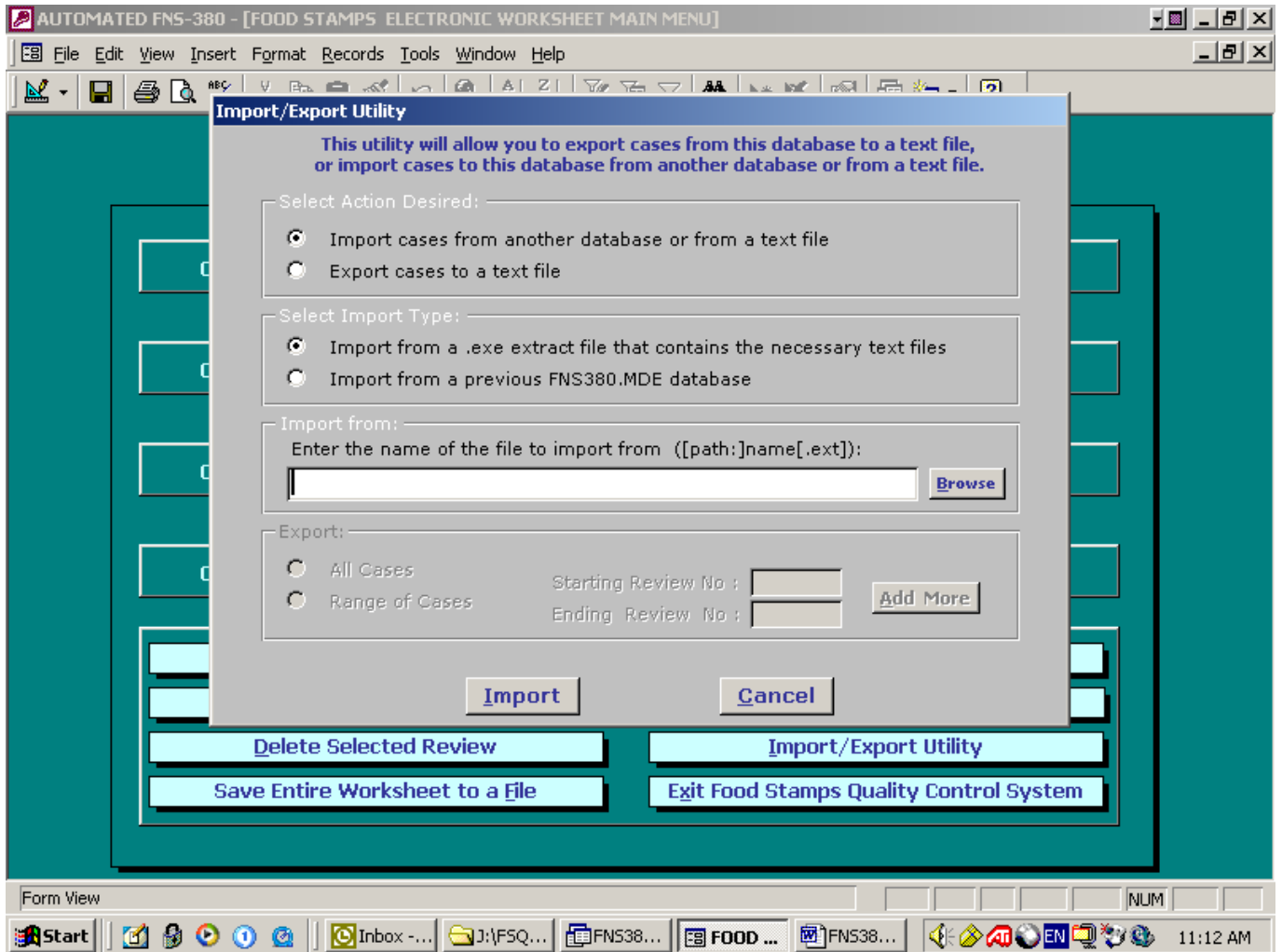
Once a review is deleted from the Food Stamp Electronic Worksheet Program, it cannot be recovered.

To delete a review, at the Main Menu, select a review number from the list box, then press the **Delete Selected Review** button. A confirmation box appears that states the review number to be deleted. Click **Yes** to delete that review.



(6) **Import/Export Utility**

This utility allows the user to import cases from another database or export cases from this database to a text file (80 x 24).



**Step 1:**

To import, choose **Import cases from another database** option.
To export, choose **Export cases to an ASCII file** option.

**Step 2:**

Under File Name to Import from/Export to, enter the name of the file to import from/export to in the text box provided. Specify the path and the extension of the file.

**Step 3:**

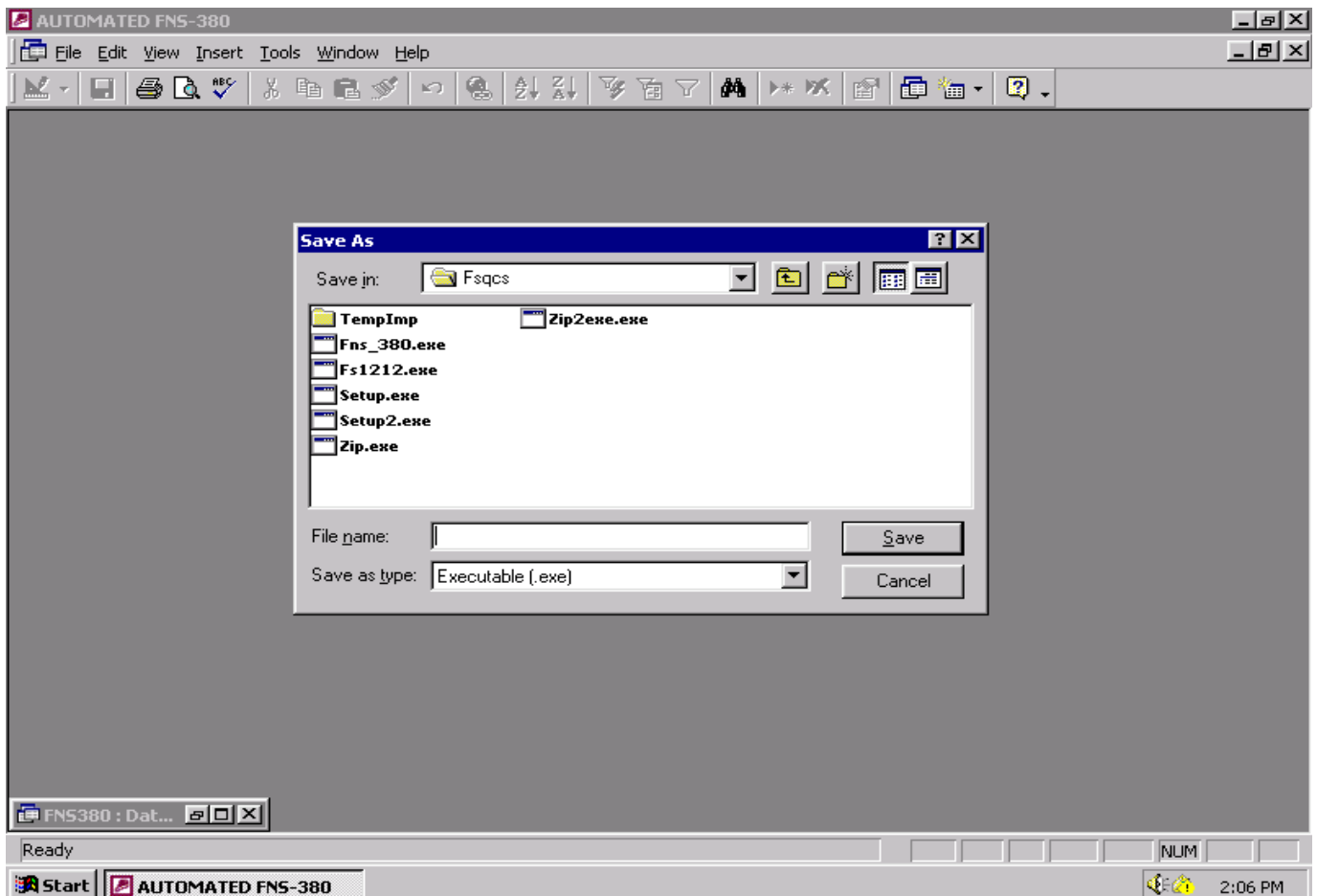
To import/export all cases, select **All Cases** option.
To import/export a range of cases, select **Range of Cases** option.
When this option is selected, Starting Review Number and Ending Review Number text boxes are enabled. Enter the review numbers then click **OK**.
To import/export more than one range, click on **Add More** and enter the additional ranges then click **OK**. A window appears that confirms the import/export process and tells how many cases were imported/exported. Click **OK** to return to the Main Menu.

(7) Save Entire Worksheet to a File

This option allows the user to save the entire Electronic Worksheet Program to an executable file.

Click on **Save Entire Worksheet to a File** utility, A Save As Dialog Box appears. Type a name for your file in the File Name text box. The file name cannot be more than eight characters. Click on **Save**. The review will be saved as a snapshot of the Face Sheet, pages 2-14 and Computation Sheets of the selected review number. The snapshot of all the pages will be saved in an executable file that can be emailed to a supervisor or colleagues. To view the case, double-click on this executable file to extract all the pages.

Note: To be able to view these pages, Snapshot Viewer program must be installed on the computer. When viewing for the first time, the system will check to see if Snapshot Viewer program is installed. If it is not installed, it will ask to insert the Microsoft Office 2000 CD to install it.



APPENDIX A

Keyboard Controls for the worksheet are the usual keyboard controls for the Windows environment, as follows:

Cursor control keys in the data entry / edit subsystem

- <Tab>/**
- <Return>** Complete an entry, or move to the next field without entering.
- Move one position right in the current field. Will move to the next field if current field is highlighted.
- ←** Move one position left in the current field. Will move to the previous field if current field is highlighted.
- ↓** (down arrow) Goes 1 line down; will go to the next field if current field is highlighted.
- ↑** (up arrow) Goes 1 line up; will go to the previous field if current field is highlighted.
- [Ctrl+Del]** Delete all characters from the current field.
- <Esc>** Undo all changes to current field.
- ** Delete a character at cursor position.
- <Ins>** Inserts blank space at cursor position.
- <BackSp>** Delete character before cursor.