

APPENDIX J - QC-LIKE REVIEW FORM

Mathematica Policy Research

CFDA #: 10.588
OMB CONTROL #: 0584-0512
EXPIRATION DATE: 09/30/2012

QUALITY CONTROL-LIKE REVIEW SCHEDULE

PUBLIC BURDEN STATEMENT. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0584-0512. Public reporting burden for this collection of information is estimated to be 326 hours per response. 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 Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA, 22302, ATTN: Rosemarie Downer

Section 1 - Review Summary

1. QC Review Number	2. Case Number	3. State	4. Local Agency	5. Sample Month and Year
_ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _	_ _	_ _ _ _	_ _ _ _ _ _ _
6. Disposition	7. Findings	8. SNAP Allotment Under Review		9. Error Amount
_	_	_ _ _ _ _		_ _ _ _
10. Case Classification				
_				

Section 2 - Detailed Error Findings

11. Element	12. Nature	13. Cause	14. Error Finding	15. Error Amount	16. Discovery	17. Verified	18. Occurrence	
							a. Date	b. Time Period
_ _ _	_ _ _	_ _	_	_ _ _ _ _ _	_ _	_ _	_ _ _ _ _ _ _	_
_ _ _	_ _ _	_ _	_	_ _ _ _ _ _	_ _	_ _	_ _ _ _ _ _ _	_
_ _ _	_ _ _	_ _	_	_ _ _ _ _ _	_ _	_ _	_ _ _ _ _ _ _	_
_ _ _	_ _ _	_ _	_	_ _ _ _ _ _	_ _	_ _	_ _ _ _ _ _ _	_
_ _ _	_ _ _	_ _	_	_ _ _ _ _ _	_ _	_ _	_ _ _ _ _ _ _	_
_ _ _	_ _ _	_ _	_	_ _ _ _ _ _	_ _	_ _	_ _ _ _ _ _ _	_
_ _ _	_ _ _	_ _	_	_ _ _ _ _ _	_ _	_ _	_ _ _ _ _ _ _	_

APPENDIX J - QC-LIKE REVIEW FORM

Section 3 – Household Characteristics

19. Most Recent Cert. Action Month, Day, Year	20. Type of Action	21. Length of Cert. Period # of months	22. Allotment Adjustment	23. Amount of Allotment Adjustment	
_ _ _ _ _ _ _ _ _	_	_ _	_	_ _ _ _	
24. Number of Household Members	25. Receipt of Expedited Service	26. Authorized Representative Used at Application	27. Categorical Eligibility	28. Reporting Requirement	
_ _	_	_	_	_ _	

Resources:

29. Liquid	30. Property (excluding home)	31a. Vehicle	31b. Status 2nd Vehicle	32. Countable Vehicle Assets	33. Other Non-liquid
_ _ _ _ _	_ _ _ _ _	_	_	_ _ _ _	_ _ _ _ _

Income:

34. Gross	35. Net
_ _ _ _ _	_ _ _ _ _

Deductions:

36. Earned Income	37. Medical	38. Dependent Care	39. Child Support	40. Shelter	41. Homeless
_ _ _	_ _ _ _	_ _ _	_ _ _ _	_ _ _ _ _	_
Additional Information on Shelter Costs:		42. Rent/Mortgage	43. Use of SUA a. Usage b. Proration	44. Utilities (SUA or Actual)	
		_ _ _ _ _	_ _	_ _ _ _ _	

APPENDIX J - QC-LIKE REVIEW FORM

Section 4 – Information on Each Household Member

45. Person Number	46. SNAP Participation	47. Relation to Head of HH	48. Age	49. Sex	50. Race	51. Citizen Status	52. Edu. Level	53. Employment Status	53. Employment Hours	54. ABAWD Status	55. Dependent Care Cost

You may include information for up to 16 individuals in the accompanying Excel spreadsheet.

Section 5 – Income Identified by Household Member

56. Person Number	<u>Source 1</u> 57. Income Type	58. Amount	<u>Source 2</u> 59. Income Type	60. Amount	<u>Source 3</u> 61. Income Type	62. Amount	<u>Source 4</u> 63. Income Type	64. Amount