

ATTACHMENT B1b: CASE RECORD REVIEW TEMPLATE

BURDEN DISCLOSURE 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-XXXX. The time required to complete this information collection is estimated to average 2 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS: CASE RECORD REVIEW FORM

RELATIONSHIP TO FDIPIR APPLICANT	AGE	SNAP (FOOD STAMPS)			INCOME (EARNED AND UNEARNED)								SELF-EMPLOYMENT INCOME				STUDENTS						RESOURCES			
		Receiving?	Applied for?	Disqualified?	Source 1: Income Type	Amount	Source 2: Income Type	Amount	Source 3: Income Type	Amount	Source 4: Income Type	Amount	Household Member Self-Employed	Type of Business	Occupation	Primary Source of Income?	Student Receiving Financial Aid?	Amount of Loan/Grant	Time Period		Type of Student Aid	Amount Used for Tuition/Fees	Cash on Hand	Checking/Savings Account *	Stock/Bonds/CDs/Other	
		Y/N	Y/N	Y/N		Enter \$ amount		Enter \$ amount		Enter \$ amount		Enter \$ amount	Y/N			Y/N/NA	Y/N	Enter \$ amount	Enter begin date	Enter end date	Enter all that apply. Add rows as needed	Enter \$ amount	Enter \$ amount	Enter \$ amount	Enter \$ amount	
1 self																Y/N/NA										
2																Y/N/NA										
3																Y/N/NA										
4																Y/N/NA										
5																Y/N/NA										
6																Y/N/NA										
7																Y/N/NA										
8																Y/N/NA										
9																Y/N/NA										
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13																Y/N/NA										
14																Y/N/NA										
15																Y/N/NA										
16																Y/N/NA										

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| <p>Relationship to FDIPIR Applicant</p> <ul style="list-style-type: none"> A Spouse B Partner C Son D Daughter E Step-child F Foster-child G Mother H Step-mother I Father J Step-father K Brother L Sister M Grandmother N Grandfather O Aunt P Uncle Q Cousin R Niece S Nephew T Mother-in-law U Father-in-law V Sister-in-law W Brother-in-law X Other-in-law Y Roomer/boarder Z Other non-relative | <p>Income</p> <ul style="list-style-type: none"> A Social Security B SSI C TANF D General/Public Assistance E Foster Care Payments F Unemployment Insurance G Worker's Compensation H Child Support I Alimony J Pensions K Veteran's Benefits L Per capita payments M Work/training allowances N Other: O No income source | <p>Self-Employment Income</p> <ul style="list-style-type: none"> A Rental Property B Roomers C Boarders D Farming E Ranching F Own business G Other: | <p>Type of Student Aid</p> <ul style="list-style-type: none"> A Pell Grant B Student Loan C BIA D Scholarship E Other: | <p>* Note:</p> <p>Information will be abstracted exactly as it appears in the case file. Joint savings and checking accounts will be attributed to individuals or divided across individuals as recorded on the case file.</p> |
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