

## WORKSHEET FOR QUALITY CONTROL REVIEWS

**PRIVACY ACT NOTICE:** This report is required under provisions of 7 CFR 275.14 (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.

**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					B. PERSONS LIVING IN THE HOME									
1. LOCAL AGENCY _____ 2. CASE NAME _____ 3. ADDRESS _____  4. PHONE NUMBER _____ 5. DIRECTIONS TO LOCATE _____ _____ _____ _____					NAME	BIRTH DATE	AGE	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	SNAP RECIPIENT				
	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
6. CASE NUMBER					10									
7. REVIEW NUMBER		<b>C. SIGNIFICANT PERSONS NOT LIVING IN THE HOME</b>												
8. REVIEW DATE		NAME	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	ADDRESS	PHONE NUMBER	FINANCIAL SUPPORT							
9. RESERVED														
10. MOST RECENT ACTION		11												
a. Date		12												
b. Type		13												
11. CERTIFICATION PERIOD	From:	14												
	To:	15												
12. PART. DURING SAMPLE MONTH		YES	NO	<b>D. REVIEW FINDINGS</b>										
13. REC'D EXPEDITED SERVICE		YES	NO	ALLOTMENT _____  <input type="checkbox"/> AMOUNT CORRECT <span style="margin-left: 300px;"><input type="checkbox"/> UNDERISSUANCE</span>  <input type="checkbox"/> OVERISSUANCE <span style="margin-left: 250px;"><input type="checkbox"/> INELIGIBLE</span>										
14. CATEGORICALLY ELIGIBLE HH		YES	NO	AMOUNT IN ERROR _____										
15. REVIEWER														
16. DATE ASSIGNED														
17. DATE OF CASE READING														
18. DATE OF INTERVIEW														
19. DATE COMPLETED														
20. SUPERVISOR														
21. DATE CLEARED														

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	<b>BASIC PROGRAM REQUIREMENTS (100)</b>		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

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(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
<b>WORK REQUIREMENTS</b>			
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

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(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
<b>LIQUID RESOURCES</b> 211 BANK ACCOUNTS OR CASH ON HAND	<b>RESOURCES (200)</b>		1 = No error 2 = Agency error 3 = Client error

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(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
<b>NON-LIQUID RESOURCES</b> 221 REAL PROPERTY			1 = No error 2 = Agency error 3 = Client error
222 VEHICLE			1 = No error 2 = Agency error 3 = Client error

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(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

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(1)	(2)	(3)	(4)
<p><b>EARNED INCOME</b> 311 WAGES AND SALARIES</p>		<p><b>INCOME (300)</b></p>	<p>1 = No error 2 = Agency error 3 = Client error</p>
<p>312 SELF-EMPLOYMENT</p>			<p>1 = No error 2 = Agency error 3 = Client error</p>

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(1)	(2)	(3)	(4)
314 OTHER EARNED INCOME			1 = No error 2 = Agency error 3 = Client error
<b>EARNED INCOME DEDUCTIONS</b> 321 EARNED INCOME DEDUCTIONS  323 DEPENDENT CARE DEDUCTIONS			1 = No error 2 = Agency error 3 = Client error  1 = No error 2 = Agency error 3 = Client error



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(1)	(2)	(3)	(4)
<b>UNEARNED INCOME</b>			
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

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(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

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(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

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(1)	(2)	(3)	(4)
<b>OTHER DEDUCTIONS</b> 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

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(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. \_\_\_\_\_

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(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 SNAP SIMPLIFICATION PROJECT			1 = No error 2 = Agency error 3 = Client error
820 DEMONSTRATION PROJECTS			1 = No error 2 = Agency error 3 = Client error

## QUALITY CONTROL COMPUTATION SHEET

	(1) ELIGIBILITY WORKER	(2) FINAL SAQC DETERMIN- ATION	(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 SNAP Benefits.					
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.					

## QUALITY CONTROL COMPUTATION SHEET

	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMIN- ATION (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.					
<b>SHELTER COSTS:</b> (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 Sewage					
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.					
<b>NET MONTHLY INCOME</b>					
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.					
<b>ALLOTMENT LEVEL</b>					
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.)					



**QUALITY CONTROL  
COMPUTATION SHEET  
SELF-EMPLOYMENT ADDENDUM**

	(1)	(2)	(3)	(4)	(5)
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.					
<b>FARM SELF-EMPLOYMENT INCOME</b>					
HOUSEHOLD MEMBERS : SOURCE					
:					
:					
A. Total monthly gross farm self-employment income					
B. Enter monthly farm business costs					
<b>SUBTRACT LINE B FROM LINE A, AND:</b>					
C. If gross income exceeds costs enter figure here as not farm gain.					
D. If business costs exceed gross income, enter figure here as net farm gain.					
<b>SELF-EMPLOYMENT INCOME OTHER THAN FARMING (Include room and board payments)</b>					
:					
:					
:					
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 SNAP PROGRAM QUALITY CONTROL REVIEWS

### GENERAL

The standard worksheet appears in this Handbook in Appendix B. The automated worksheet may be downloaded from the USDA SNAP Quality Control homepage at the following address: <http://www.fns.usda.gov/snap/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 SNAP's 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 SNAP 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 SNAP household.

**Age** - Enter the age of all persons listed as members of the SNAP 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 SNAP household under review but is a SNAP recipient indicate the case number under which he/she is receiving SNAP benefits.

**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 SNAP benefit 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 SNAP benefit 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