

Appendix G: OMB 0584-0034

Screen Shots of SNAP Quality Control System - FNS-245

USDA United States Department of Agriculture
Food and Nutrition Service SNAP-QCS State Systems

Home | QC Forms | Upload | Download | Search | Reports | Help | Sign Out | FY: 2021 | Set

Case Information (QC Review Number: 000000)

Revisions: 0 - Original | Status: | New File | [\[Doc\]](#)

Save | Edit Check | Approve | Delete | Quit

FNS-245

I. CASE MANAGEMENT INFORMATION (Not to be Transmitted)

A. CASE NAME (Last, First, MI) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>			B. TELEPHONE NUMBER <input type="text"/>		
C. MAILING ADDRESS <input type="text"/>			D. ACTUAL ADDRESS/DIRECTIONS TO LOCATE <input type="text"/>		
E. DATE ASSIGNED <input type="text"/>		F. DATE COMPLETED/DISPOSED OF <input type="text"/>		G. DATE CLEARED <input type="text"/>	
Reviewer: <input type="text"/>		Supervisor: <input type="text"/>			

II. Identifying Information

1. QC Review Number 000000	2. Case Number <input type="text"/>	3. State and Local Agency Code 53 - WA	4. Sample Month and Year 202010	
5. Stratum <input type="text"/>	6. Notice Date <input type="text"/>	7. Action Date <input type="text"/>	8. Action Type <input type="text"/>	9. Case Classification <input type="text"/>

III. Analysis of Review Activity

10. DISPOSITION OF REVIEW (a) Disposition: <input type="text"/> (b) NTR Reason: <input type="text"/>		11. FINDING <input type="text"/>		12. CASE RECORD REVIEW (a) Record Reason of Action: <input type="text"/> (b) Accuracy of Recorded Reason: <input type="text"/>		13. NOTICE REQUIREMENT <input type="text"/>	
14. HOUSEHOLD NOTICE (a) Required Language: <input type="text"/> (b) Notice Specific, Clear, Understandable: <input type="text"/> (c) Reason to HH: <input type="text"/> (d) Accuracy of Reason to HH: <input type="text"/>		15. PROCEDURAL REQUIREMENTS (a) Notice of Missed Interview: <input type="text"/> (b) Request for Contact: <input type="text"/> (c) Request for Verification: <input type="text"/> (d) Periodic Report: <input type="text"/>		16. TIMELINESS OF ACTION (a) Timeliness of Action: <input type="text"/> (b) Number of Days Action Early/Late: <input type="text"/> (c) Timeliness of Notice: <input type="text"/> (d) Number of Days Notice Late: <input type="text"/>			

IV. Description of Variances

17. Element Code 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>			18. Nature Code 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>					
19. Collateral and/or Household Contact <input type="text"/>			20. Action Initiated By <input type="text"/>			Reserved for Future Use <input type="text"/>		

Optional (State System Only)

V. Explanation of Review Findings [Modify](#)

I. DATE ASSIGNED: P. DATE COMPLETED/DEPOSED OF: G. DATE CLEARED:
 Reviewer: Supervisor:

E. Identifying Information

1. QC Review Number: 00009
 2. Case Number:
 3. State and Local Agency Code: WA
 4. Sample Month and Year: 20210

5. Stratum: 6. Notice Date: 7. Action Date: 8. Action Type: 9. Case Classification:

III. DISPOSITION OF REVIEW

(a) Disposition: (b) NTR Reason:

IV. HOUSEHOLD NOTICE

(a) Required Language: (b) Notice:

V. PROCEDURAL REQUIREMENTS

(a) Notice of Phased Interview: (b) Periodic Report:

VI. TIMELINESS OF ACTION

(a) Timeliness of Action: (b) Number of Days Action Early/Late:

VII. Element Code

1. 2. 3.

19. Collateral and/or Household Contact: 20. Action Initiated By: Reserved for Future Use:

Optional (State System Only)

V. Explanation of Review Findings [Modify](#)

Section V

Done Cancel Save Case

Case Information (QC Review Number: 00009)

Reviewer: 0 - Original Status: New File [Close](#)

Save Edit Check Approve Delete Quit

FNS/245

Document List

Filename	Type	Description	Progress	Upload	TimedBy	Elements

Close

A. CASE NAME (Last, First, MI): Last:
 C. MAILING ADDRESS:
 D. DATE ASSIGNED:

I. QC Review Number: 00009 2. Case Number: 4. Sample Month and Year: 20210
 3. Stratum: 6. Notice Date: Case Classification:

III. DISPOSITION OF REVIEW

(a) Disposition: (b) NTR Reason: (c) Reason to PH: (d) Accuracy of Reason to PH:

IV. HOUSEHOLD NOTICE

(a) Required Language: (b) Notice Specific, Clear, Understandable: (c) Reason to PH: (d) Accuracy of Reason to PH:

V. PROCEDURAL REQUIREMENTS

(a) Notice of Phased Interview: (b) Requester Contact: (c) Request for Verification: (d) Periodic Report:

VI. TIMELINESS OF ACTION

(a) Timeliness of Action: (b) Number of Days Action Early/Late: (c) Timeliness of Notice: (d) Number of Days Notice Late:

IV. Description of Variances