Appendix H- OMB 0584-0299
SNAP- QC System's electronic version of the FNS 380-1

U.S. Department of Agriculture - Food and Nutrition Administration

OMB APPROVED NO. 0584-0299

Expiration Date: MM/DD/YYYY

QUALITY CONTROL REVIEW SCHEDULE

This information is being collected to assist the Food and Nutrition Administration with the Supplemental Nutrition Assistance Program's Quality Control Reviews. This is a mandatory collection and FNA uses the information for program monitoring, evaluation, corrective action, and characteristics. This collection does request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, 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 valid OMB control number for this information collection is 0584-0299. The time required to complete this information collection is estimated to average 1.056 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Administration, Planning and Regulatory Affairs Office, 5601 Sunnyside Ave, Bldg 4, FL 2; Beltsville, MD 20705 ATTN: PRA (0584-0299). Do not return the completed form to this address. PRIVACY ACT NOTICE: This report is required under provisions of 7 CFR 275.24 (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.

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FNS 380 | FNS 380-1

Sections 1 and 2 | Section 3 | Sections 4 and 5 | Section 6 | Section 7

Section 1 - Review Summary

1. QC Review Number	2. Case Number	3. State	4. Local Agency	5. Sample Month and Year	6. Stratum
				202110	

7. Disposition	8. Review Finding	9. SNAP Allotment Under Review	10. Error Amount	11.Case Classification

Section 2 - Detailed Error Findings

12. Element	13. Nature Codes	14. Cause	15. Error Finding	16. Error Amount	17. Discovery	18. Verification	19a Occurrence Date (Month)	19a Occurrence Date (Year)	19b Occurrence (Time Period)

Insert Line

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Sections 1 and 2 | Section 3 | Sections 4 and 5 | Section 6 | Section 7

Section 3 - Household Characteristics

20. Most Recent Action (MM/DD/YYYY)	21. Type of Action	22. Length of Certification Period # of months	23. Allotment Adjustment	24. Amount of Allotment Adjustment

25. Number of Household Members	26. Receipt of Expedited Service	27. Authorized Representative Used at Certification	28. Categorical Eligibility	29. Reporting Requirement

Resources:

30. Liquid Assets	31. Real Property (Excluding Home)	32 a. 1st Vehicle Status	32 b. 2nd Vehicle Status	33. Countable Vehicle Assets	34. Other Non-Liquid Assets

Income:

35. Gross Countable Income	36. Net Countable Income

Deductions:

37. Earned Income Deduction	38. Medical Cost Deduction	39. Dependent Care Cost Deduction	40. Child Support Payment Deduction	41. Shelter Deduction	42. Homeless Shelter

	43. Rent/Mortgage	44. Use of Standard Utility Allowance a. Usage	b. Proration	45. Utilities (SUA or Actual)
Additional				0

Information on Shelter Costs:

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Sections 1 and 2 | Section 3 | Sections 4 and 5 | Section 6 | Section 7

Section 4 - Information on Each Household Members

Has Income	46. Person Number	47. SNAP Participation	48. Relation to Head of Household	49. Age	50. Sex	51. Race	52.Citizenship Status	53. Edu. Level	54.Emp. a. Status	Emp. b.Hours	55. SNAP Work Reg.	56. SNAP E & T	57. ABAWD Status	58.Dependent Care Cost

Section 5 - Income Identified by Household Member

59. Person Number	Source 1 60. Income Type	61. Amount	Source 2 62. Income Type	63. Amount	Source 3 64. Income Type	65. Amount	Source 4 66. Income Type	67. Amount

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Sections 1 and 2 | Section 3 | Sections 4 and 5 | Section 6 | Section 7

Section 6 - Reserved Coding

68. Timeliness of Appl. Processing (Expedited and 30 Day Requirement)	69. QC Interview	70. Timeliness of Recertification	71. Allotment Test	72.	73.	74.	75.	76.

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Sections 1 and 2 | Section 3 | Sections 4 and 5 | Section 6 | Section 7

Section 7 - Optional For State Use

1.

2.

3.

4.