

**U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE**  
**QUALITY CONTROL - SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**  
**NEGATIVE CASE ACTION REVIEW SCHEDULE**

**I. CASE MANAGEMENT INFORMATION (Not to be Transmitted)**

1. CASE NAME <i>(Last, First, MI)</i>		2. TELEPHONE NUMBER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	
3. MAILING ADDRESS		4. ACTUAL ADDRESS/DIRECTIONS TO LOCATE	
5. DATE ASSIGNED MONTH    DAY    YEAR <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	6. DATE COMPLETED/DISPOSED OF MONTH    DAY    YEAR <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	7. DATE CLEARED MONTH    DAY    YEAR <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	
		Reviewer _____ Supervisor _____	

**II. IDENTIFYING INFORMATION**

A. REVIEW NUMBER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	B. CASE NUMBER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	C. STATE AND LOCAL AGENCY CODE <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	D. SAMPLE MONTH AND YEAR <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
E. STRATUM <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	F. NOTICE DATE MONTH    DAY    YEAR <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	G. ACTION DATE MONTH    DAY    YEAR <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	H. ACTION TYPE <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
			I. CASE CLASSIFICATION <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>

**III. ANALYSIS OF REVIEW ACTIVITY**

J. NOTICE REQUIREMENTS <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	K. RECORDED REASON FOR ACTION <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	L. FINDING <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
M. HOUSEHOLD NOTICE (a) Notice Specific, Clear, Understandable <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	(b) Reason HH <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	N. DISPOSITION OF REVIEW <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>

**IV. DESCRIPTION OF VARIANCES**

O. ELEMENT CODE 1. <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> 2. <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> 3. <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	P. NATURE CODE 1. <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> 2. <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> 3. <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
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**RESERVED CODING**

Q. ACCURACY RECORDED REASON <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	R. ACCURACY HOUSEHOLD REASON <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	S. COLLATERAL/HOUSEHOLD CONTACT <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	T. ACTION INITIATED BY <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	U. NSTR REASON <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	RESERVED FOR FUTURE USE <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
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**OPTIONAL (STATE SYSTEMS ONLY)**

<input type="text"/>
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**V. EXPLANATION OF REVIEW FINDINGS**

EXPLANATION OF REVIEW FINDINGS CONTINUED:

PRIVACY ACT STATEMENT

This report is required under provisions of 7 CFR 275.14 (The Supplemental Nutrition Assistance Program). This information is needed for the review of State performance in determining the eligibility of applicants and recipients. The information is used to determine State compliance, and failure to report may result in a finding of non-compliance.

OMB PAPERWORK COLLECTION 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 0584-0034. The time required to complete this information collection is estimated to average 3.0236 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.