110 - Age	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Age is not questionable, or not required to be verified for the entire household	☐ Age is not questionable, or not required to be verified for the entire household

No.	Person Name	Age	QC Analysis	No.	Person Name	Age	Findings
01			Age not questionable, or not required to be verified for household member ☐ Document Used Dated Documentation	01			Age not questionable, or not required to be verified for household member ☐ Document Used Dated Documentation
02			Age not questionable, or not required to be verified for household member ☐ Document Used Dated Documentation	02			Age not questionable, or not required to be verified for household member ☐ Document Used Dated Documentation
03			Age not questionable, or not required to be verified for household member ☐ Document Used Dated Documentation	03			Age not questionable, or not required to be verified for household member ☐ Document Used Dated Documentation

NARRATIVE

NARRATIVE

111 - Student Status　　　○ 1 = No Error　　○ 2 = Agency Error　　○ 3 = Client Error　　　REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐　Finished with documenting information for the Case Record

☐　Finished with documenting information for the Field Investigation Findings

☐　No students in the household
☐　No students enrolled in higher education

☐　No students in the household
☐　No students enrolled in higher education

No.	Name	Age	QC Analysis		No.	Name	Age	QC Analysis
01			Student Status _____ Ineligible Student ☐ Type of School _____ School Name _____ Documentation _____		01			Student Status _____ Ineligible Student ☐ Type of School _____ School Name _____ Documentation _____
02			Student Status _____ Ineligible Student ☐ Type of School _____ School Name _____ Documentation _____		02			Student Status _____ Ineligible Student ☐ Type of School _____ School Name _____ Documentation _____
03			Student Status _____ Ineligible Student ☐ Type of School _____ School Name _____ Documentation _____		03			Student Status _____ Ineligible Student ☐ Type of School _____ School Name _____ Documentation _____

NARRATIVE

NARRATIVE

130 - Citizenship and Non-Citizen Status ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Citizenship is not questionable; all household members are citizens	☐ Citizenship is not questionable; all household members are citizens

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		Citizen		01		Citizen	
		Citizenship is not questionable for household member:	☐			Citizenship is not questionable for household member:	☐
		Qualified				Qualified	
		Eligible				Eligible	
		Documentation				Documentation	
02		Citizen		02		Citizen	
		Citizenship is not questionable for household member:	☐			Citizenship is not questionable for household member:	☐
		Qualified				Qualified	
		Eligible				Eligible	
		Documentation				Documentation	
03		Citizen		03		Citizen	
		Citizenship is not questionable for household member:	☐			Citizenship is not questionable for household member:	☐
		Qualified				Qualified	
		Eligible				Eligible	
		Documentation				Documentation	

NARRATIVE

NARRATIVE

140 - Residency

○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error

REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ N/A - Categorically Eligible Household	☐ N/A - Categorically Eligible Household

QC ANALYSIS OF CASE RECORD		FINDINGS OF FIELD INVESTIGATION	
Status	Institution	Status	Institution
Verified By		Verified By	
Documentation		Documentation	

NARRATIVE

NARRATIVE

150 - Household Composition	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

No.	Person Name	QC Analysis	
01		In household at time of application	☐
		In household as of review date	☐
		Included in certification	☐
		Excluded household member	⬜
		Under 22 Living with Parent/Guardian	☐
		Documentation	⬜
02		In household at time of application	☐
		In household as of review date	☐
		Included in certification	☐
		Excluded household member	⬜
		Under 22 Living with Parent/Guardian	☐
		Documentation	⬜
03		In household at time of application	☐
		In household as of review date	☐
		Included in certification	☐
		Excluded household member	⬜
		Under 22 Living with Parent/Guardian	☐
		Documentation	⬜

No.	Person Name	Findings	
01		Verified in household	☐
		Included in certification	☐
		Excluded household member	⬜
		Under 22 Living with Parent/Guardian	☐
		Verified by Collateral Contact	⬜
		Documentation	⬜
02		Verified in household	☐
		Included in certification	☐
		Excluded household member	⬜
		Under 22 Living with Parent/Guardian	☐
		Verified by Collateral Contact	⬜
		Documentation	⬜
03		Verified in household	☐
		Included in certification	☐
		Excluded household member	⬜
		Under 22 Living with Parent/Guardian	☐
		Verified by Collateral Contact	⬜
		Documentation	⬜

NARRATIVE

☐   Recontacted household in response to conflicting information
☐   State QC Reviewer finds duplicate participation
NARRATIVE

151 - Recipient Disqualification   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ No disqualified household members

No.	Person Name	Age	QC Analysis	
01			18 or older? ☐	
			Disqualification Status	
			Disqualified Period From ___ To ___	
			Documentation	
02			18 or older? ☐	
			Disqualification Status	
			Disqualified Period From ___ To ___	
			Documentation	
03			18 or older? ☐	
			Disqualification Status	
			Disqualified Period From ___ To ___	
			Documentation	

NARRATIVE

☐ Finished with documenting information for the Field Investigation Findings

☐ No disqualified household members (EDRS checked)
☐ Death Match System Checked
☐ Prisoner Match System Checked

No.	Person Name	Age	Findings	
01			18 or older? ☐	
			Disqualification Status	
			Disqualified Period From ___ To ___	
			Improper Categorization	
			Documentation	
02			18 or older? ☐	
			Disqualification Status	
			Disqualified Period From ___ To ___	
			Improper Categorization	
			Documentation	
03			18 or older? ☐	
			Disqualification Status	
			Disqualified Period From ___ To ___	
			Improper Categorization	
			Documentation	

NARRATIVE

160 - Employment & Training Programs ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ FNS approved waiver for exclusion from Employment & Training ☐ No Employment & Training Programs required for the household	☐ FNS approved waiver for exclusion from Employment & Training ☐ No Employment & Training Programs required for the household

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		Required to work register for E&T?	○ Yes ○ No	01		Required to work register for E&T?	○ Yes ○ No
		Disqualified for refusal to participate in E&T without good cause?	○ Yes ○ No			Disqualified for refusal to participate in E&T without good cause?	○ Yes ○ No
02		Required to work register for E&T?	○ Yes ○ No	02		Required to work register for E&T?	○ Yes ○ No
		Disqualified for refusal to participate in E&T without good cause?	○ Yes ○ No			Disqualified for refusal to participate in E&T without good cause?	○ Yes ○ No
03		Required to work register for E&T?	○ Yes ○ No	03		Required to work register for E&T?	○ Yes ○ No
		Disqualified for refusal to participate in E&T without good cause?	○ Yes ○ No			Disqualified for refusal to participate in E&T without good cause?	○ Yes ○ No

NARRATIVE

NARRATIVE

161 - Time-limited Participation ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ FNS approved waiver for exclusion from Employment & Training ☐ Case record shows no time limited household members	☐ FNS approved waiver for exclusion from Employment & Training ☐ State QC Reviewer no time limited household members

No.	Person Name	Age	QC Analysis			No.	Person Name	Age	Findings		
01			ABAWD Time Limited Participant? Time Limit Status Documentation	○ Yes ○ No ○ Yes ○ No [ ] [ ]		01			ABAWD Time Limited Participant? Time Limit Status Documentation	○ Yes ○ No ○ Yes ○ No [ ] [ ]	
02			ABAWD Time Limited Participant? Time Limit Status Documentation	○ Yes ○ No ○ Yes ○ No [ ] [ ]		02			ABAWD Time Limited Participant? Time Limit Status Documentation	○ Yes ○ No ○ Yes ○ No [ ] [ ]	
03			ABAWD Time Limited Participant? Time Limit Status Documentation	○ Yes ○ No ○ Yes ○ No [ ] [ ]		03			ABAWD Time Limited Participant? Time Limit Status Documentation	○ Yes ○ No ○ Yes ○ No [ ] [ ]	

NARRATIVE

NARRATIVE

162 - Work Registration   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ FNS approved waiver for exclusion from Employment & Training
☐ No Employment & Training Programs required for the household

No.	Person Name	QC Analysis			
01		Registration Type		Emp. Status	
		Work Registered Exemption		Emp. Hours	
		ABAWD		SNAP Work Reg.	
		Disqualified		SNAP E&T	
		○ Sanctioned ○ Not Sanctioned		Documentation	
02		Registration Type		Emp. Status	
		Work Registered Exemption		Emp. Hours	
		ABAWD		SNAP Work Reg.	
		Disqualified		SNAP E&T	
		○ Sanctioned ○ Not Sanctioned		Documentation	
03		Registration Type		Emp. Status	
		Work Registered Exemption		Emp. Hours	
		ABAWD		SNAP Work Reg.	
		Disqualified		SNAP E&T	
		○ Sanctioned ○ Not Sanctioned		Documentation	

NARRATIVE

☐ Finished with documenting information for the Field Investigation Findings

☐ FNS approved waiver for exclusion from Employment & Training
☐ No Employment & Training Programs required for the household
☐ All mandatory participants meet Employment &Training requirements or are exempt
☐ All mandatory household members are registered
☐ No indication of non-cooperation or non-compliance
☐ No indication of employment refusal

No.	Person Name	Findings			
01		Registration Type		Emp. Status	
		Work Registered Exemption		Emp. Hours	
		ABAWD		SNAP Work Reg.	
		Disqualified		SNAP E&T	
		○ Sanctioned ○ Not Sanctioned		Documentation	
02		Registration Type		Emp. Status	
		Work Registered Exemption		Emp. Hours	
		ABAWD		SNAP Work Reg.	
		Disqualified		SNAP E&T	
		○ Sanctioned ○ Not Sanctioned		Documentation	
03		Registration Type		Emp. Status	
		Work Registered Exemption		Emp. Hours	
		ABAWD		SNAP Work Reg.	
		Disqualified		SNAP E&T	
		○ Sanctioned ○ Not Sanctioned		Documentation	

NARRATIVE

| 163 - Voluntary Quit/Reduced Work Effort | ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error | REVIEW NO. _____ |

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ FNS approved waiver for exclusion from Employment & Training ☐ No household members voluntarily quit or reduced work effort	☐ FNS approved waiver for exclusion from Employment & Training ☐ No household members voluntarily quit or reduced work effort

QC ANALYSIS OF CASE RECORD

No.	Person Name	Age	QC Analysis	
01			Voluntarily quit job without good cause?	○ Yes ○ No
			Voluntarily reduced work hours without good cause?	○ Yes ○ No
			Documentation	
02			Voluntarily quit job without good cause?	○ Yes ○ No
			Voluntarily reduced work hours without good cause?	○ Yes ○ No
			Documentation	
03			Voluntarily quit job without good cause?	○ Yes ○ No
			Voluntarily reduced work hours without good cause?	○ Yes ○ No
			Documentation	

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Age	Findings	
01			Voluntarily quit job without good cause?	○ Yes ○ No
			Voluntarily reduced work hours without good cause?	○ Yes ○ No
			Documentation	
02			Voluntarily quit job without good cause?	○ Yes ○ No
			Voluntarily reduced work hours without good cause?	○ Yes ○ No
			Documentation	
03			Voluntarily quit job without good cause?	○ Yes ○ No
			Voluntarily reduced work hours without good cause?	○ Yes ○ No
			Documentation	

NARRATIVE

164 - Workfare and Comparable Workfare   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record | ☐ Finished with documenting information for the Field Investigation Findings

☐ FNS approved waiver for exclusion from Employment & Training
☐ No workfare

☐ FNS approved waiver for exclusion from Employment & Training
☐ No workfare

No.	Person Name	Age	QC Analysis		No.	Person Name	Age	Findings
01			Workfare program required? ○ Yes ○ No Failure to comply without good cause? ○ Yes ○ No Documentation		01			Workfare program required? ○ Yes ○ No Failure to comply without good cause? ○ Yes ○ No Documentation
02			Workfare program required? ○ Yes ○ No Failure to comply without good cause? ○ Yes ○ No Documentation		02			Workfare program required? ○ Yes ○ No Failure to comply without good cause? ○ Yes ○ No Documentation
03			Workfare program required? ○ Yes ○ No Failure to comply without good cause? ○ Yes ○ No Documentation		03			Workfare program required? ○ Yes ○ No Failure to comply without good cause? ○ Yes ○ No Documentation

NARRATIVE

NARRATIVE

165 - Employment Status/Job Availability   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

☐   FNS approved waiver for exclusion from Employment & Training
☐   No household members failed to comply without good cause

No.	Person Name	Age	QC Analysis	
01			Failure to comply with E&T without good cause?	○ Yes ○ No
			Documentation	
02			Failure to comply with E&T without good cause?	○ Yes ○ No
			Documentation	
03			Failure to comply with E&T without good cause?	○ Yes ○ No
			Documentation	

☐   FNS approved waiver for exclusion from Employment & Training
☐   No household members failed to comply without good cause

No.	Person Name	Age	Findings	
01			Failure to comply with E&T without good cause?	○ Yes ○ No
			Documentation	
02			Failure to comply with E&T without good cause?	○ Yes ○ No
			Documentation	
03			Failure to comply with E&T without good cause?	○ Yes ○ No
			Documentation	

NARRATIVE

NARRATIVE

166 - Acceptance of Employment   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ FNS approved waiver for exclusion from Employment & Training ☐ No household members refused to accept employment without good cause	☐ FNS approved waiver for exclusion from Employment & Training ☐ No household members refused to accept employment without good cause

No.	Person Name	Age	QC Analysis	
01			Refused to accept employment without good cause?	○ Yes ○ No
			Documentation	
02			Refused to accept employment without good cause?	○ Yes ○ No
			Documentation	
03			Refused to accept employment without good cause?	○ Yes ○ No
			Documentation	

No.	Person Name	Age	Findings	
01			Refused to accept employment without good cause?	○ Yes ○ No
			Documentation	
02			Refused to accept employment without good cause?	○ Yes ○ No
			Documentation	
03			Refused to accept employment without good cause?	○ Yes ○ No
			Documentation	

NARRATIVE

NARRATIVE

170 - Social Security Number   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ N/A - Categorically Eligible Household (PA/SSI only)	☐ N/A - Categorically Eligible Household (PA/SSI only)

No.	Person Name	SSN	QC Analysis		No.	Person Name	SSN	Findings	
01			**Verified** ☐		01			**Verified** ☐	
			SSN Status					SSN Status	
			Documentation					Documentation	
02			**Verified** ☐		02			**Verified** ☐	
			SSN Status					SSN Status	
			Documentation					Documentation	
03			**Verified** ☐		03			**Verified** ☐	
			SSN Status					SSN Status	
			Documentation					Documentation	

NARRATIVE

NARRATIVE

211 - Bank Accounts or Cash on Hand ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ N/A - Categorically Eligible Household	☐ N/A - Categorically Eligible Household
☐ Case Record lists no bank accounts or cash on hand	☐ IEVS data match checked for all household members; no bank accounts indicated
	☐ State QC Reviewer finds no bank accounts or cash on hand
	☐ Interest Income (Reminder: see Element 346)

QC ANALYSIS OF CASE RECORD

No. Person Name QC Analysis

No.	Person Name		
01		Type	
		Bank Name	
		Account #	
		Joint Account? ☐	
		Amount	
		Date Verified	
		Documentation	
02		Type	
		Bank Name	
		Account #	
		Joint Account? ☐	
		Amount	
		Date Verified	
		Documentation	
03		Type	
		Bank Name	
		Account #	
		Joint Account? ☐	
		Amount	
		Date Verified	
		Documentation	

Total of Amount _____ (Add "Amount" for each row)

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

No. Person Name Findings

No.	Person Name		
01		Type	
		Bank Name	
		Account #	
		Joint Account? ☐	
		Amount	
		Date Verified	
		Documentation	
02		Type	
		Bank Name	
		Account #	
		Joint Account? ☐	
		Amount	
		Date Verified	
		Documentation	
03		Type	
		Bank Name	
		Account #	
		Joint Account? ☐	
		Amount	
		Date Verified	
		Documentation	

Total of Amount _____

NARRATIVE

212 - Nonrecurring Lump-Sum Payment　　○ 1 = No Error　　○ 2 = Agency Error　　○ 3 = Client Error　　REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

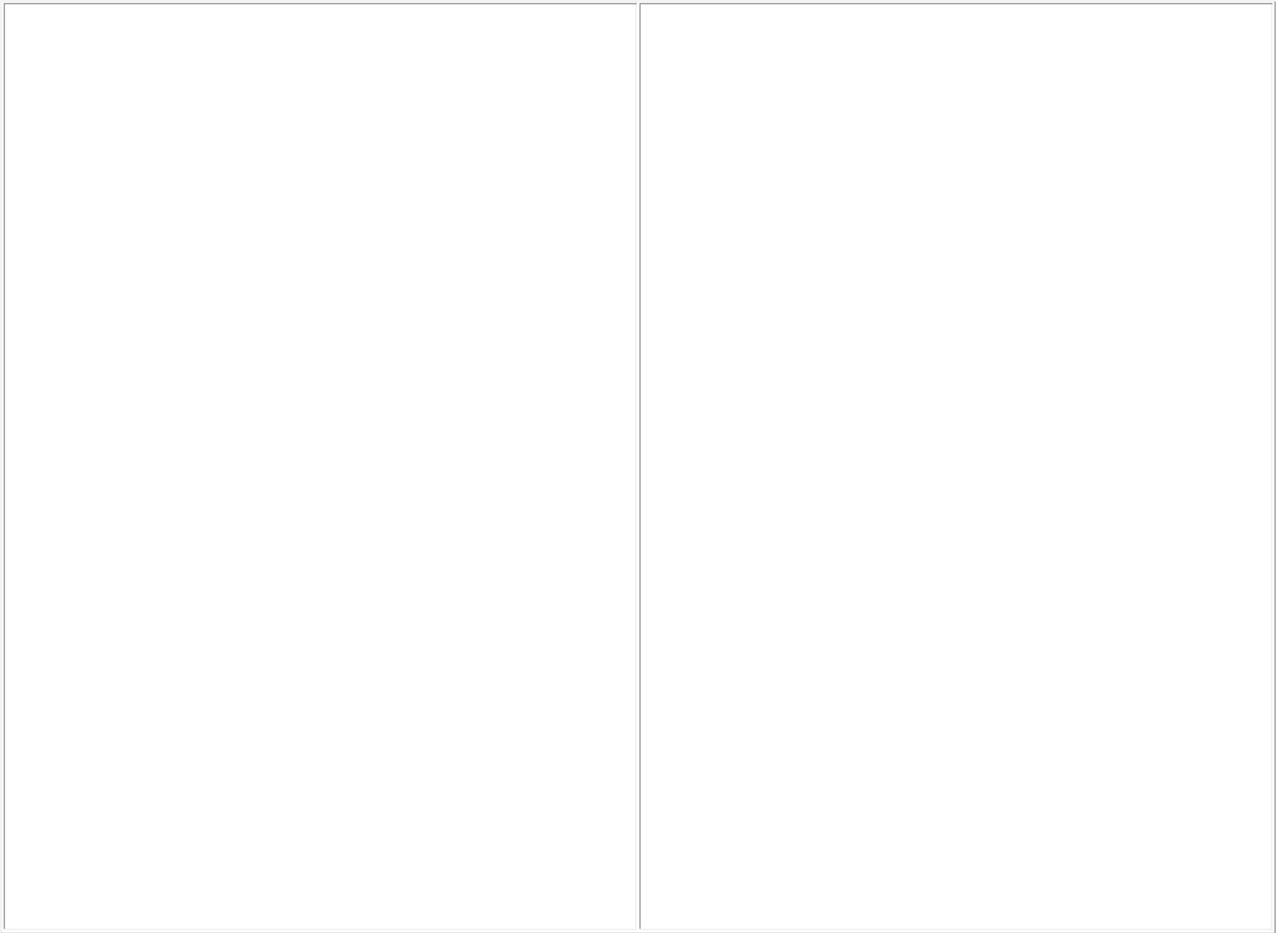☐　Finished with documenting information for the Case Record | ☐　Finished with documenting information for the Field Investigation Findings

☐　N/A - Categorically Eligible Household
☐　Case Record lists no nonrecurring lump-sum payments

☐　N/A - Categorically Eligible Household
☐　State QC Reviewer finds no nonrecurring lump-sum payments
☐　IEVS data match checked for all household members

QC ANALYSIS OF CASE RECORD

No.	Person Name	QC Analysis	
01		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
02		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
03		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	

Total of Amount _____ (Add "Amount" for each row, excluding any exempt amounts)

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Findings	
01		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
02		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
03		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	

Total of Amount _____

NARRATIVE

213 - Other Liquid Assets ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ Finished with documenting information for the Field Investigation Findings

☐ N/A - Categorically Eligible Household
☐ Case Record lists no other liquid assets

☐ N/A - Categorically Eligible Household
☐ State QC Reviewer finds no other liquid assets
☐ IEVS data match checked for all household members

No.	Person Name	QC Analysis	
01		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
02		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
03		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	

No.	Person Name	Findings	
01		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
02		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	
03		Source	
		Date Received	
		Amount	
		Exempt	☐
		Documentation	

Total of Amount [____] (Add "Amount" for each row, excluding any exempt amounts)

Total of Amount [____]

NARRATIVE

NARRATIVE

221 - Real Property   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ N/A - Categorically Eligible Household ☐ Case Record lists no real property	☐ N/A - Categorically Eligible Household ☐ State QC Reviewer finds no real property ☐ IEVS data match checked for all household members

QC ANALYSIS OF CASE RECORD

No.	Person Name	QC Analysis	
01		Property Type	
		Property Address	
		Assessed Value	
		Liens	
		Resource Value	
			(Subtract "Liens" from "Assessed Value")
		Exempt	☐
		Verified By	
		Documentation	
02		Property Type	
		Property Address	
		Assessed Value	
		Liens	
		Resource Value	
			(Subtract "Liens" from "Assessed Value")
		Exempt	☐
		Verified By	
		Documentation	
03		Property Type	
		Property Address	
		Assessed Value	
		Liens	
		Resource Value	
			(Subtract "Liens" from "Assessed Value")
		Exempt	☐
		Verified By	

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Findings	
01		Property Type	
		Property Address	
		Assessed Value	
		Liens	
		Resource Value	
		Exempt	☐
		Verified By	
		Documentation	
02		Property Type	
		Property Address	
		Assessed Value	
		Liens	
		Resource Value	
		Exempt	☐
		Verified By	
		Documentation	
03		Property Type	
		Property Address	
		Assessed Value	
		Liens	
		Resource Value	
		Exempt	☐
		Verified By	
		Documentation	

Total of Resource Value [   ]

NARRATIVE

		Documentation	

Total of Resource Value [   ] (Add "Resource Value" for each row, excluding any exempt amounts)

NARRATIVE

222 - Vehicles   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record | ☐ Finished with documenting information for the Field Investigation Findings

QC ANALYSIS OF CASE RECORD

☐ N/A - Categorically Eligible Household
☐ Case Record lists no vehicles
☐ Case Record shows all vehicles are exempt (State Option)

No.	Person Name	QC Analysis	
01		Make/Model	
		Year	
		Value	
		Licensed ☐ Exempt ☐	
		SNAP Value	
		Documentation	
02		Make/Model	
		Year	
		Value	
		Licensed ☐ Exempt ☐	
		SNAP Value	
		Documentation	
03		Make/Model	
		Year	
		Value	
		Licensed ☐ Exempt ☐	
		SNAP Value	
		Documentation	

Total SNAP Value [____] (Add "SNAP Value" for each row, excluding any exempt amounts)

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

☐ N/A - Categorically Eligible Household
☐ State QC Reviewer finds no vehicles
☐ State QC Reviewer verifies all vehicles are exempt (State Option)
☐ IEVS data match checked for all household members

No.	Person Name	Findings	
01		Make/Model	
		Year	
		Value	
		Licensed ☐ Exempt ☐	
		SNAP Value	
		Documentation	
02		Make/Model	
		Year	
		Value	
		Licensed ☐ Exempt ☐	
		SNAP Value	
		Documentation	
03		Make/Model	
		Year	
		Value	
		Licensed ☐ Exempt ☐	
		SNAP Value	
		Documentation	

Total SNAP Value [____]

NARRATIVE

224 - Other Non-Liquid Resources   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

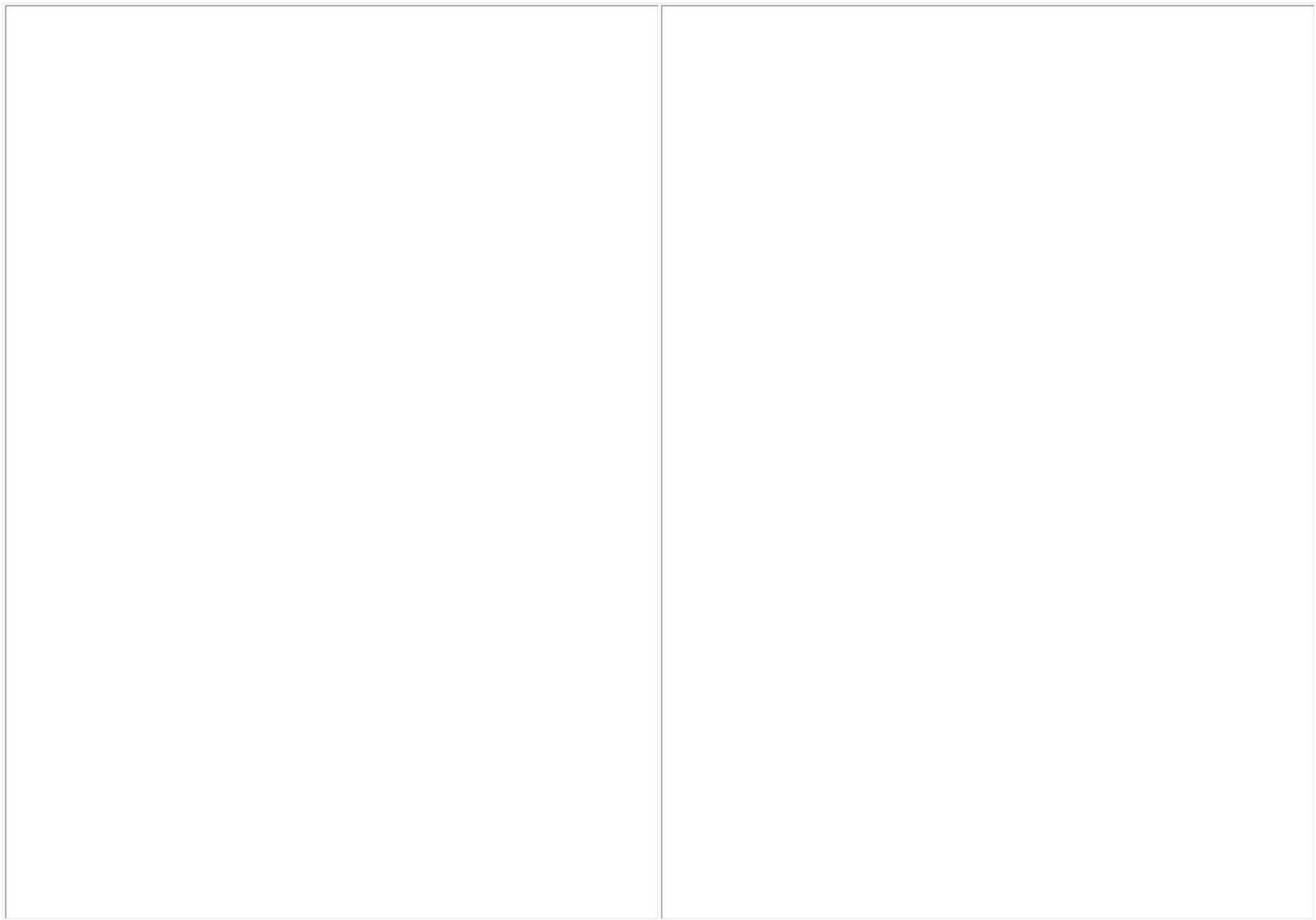| QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ N/A - Categorically Eligible Household ☐ Case Record lists no other non-liquid resources	☐ N/A - Categorically Eligible Household ☐ State QC Reviewer finds no other non-liquid resources ☐ IEVS data match checked for all household members

No.	Person Name	QC Analysis	
01		Source	
		Amount/Value	
		Exempt	☐
		Documentation	
02		Source	
		Amount/Value	
		Exempt	☐
		Documentation	
03		Source	
		Amount/Value	
		Exempt	☐
		Documentation	

No.	Person Name	Findings	
01		Source	
		Amount/Value	
		Exempt	☐
		Documentation	
02		Source	
		Amount/Value	
		Exempt	☐
		Documentation	
03		Source	
		Amount/Value	
		Exempt	☐
		Documentation	

Total Amount/Value [   ] (Add "Amount/Value" for each row, excluding any exempt amounts)

Total Amount/Value [   ]

NARRATIVE

NARRATIVE

225 - Combined Resources   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ N/A - Categorically Eligible Household	☐ N/A - Categorically Eligible Household

Case Record Total

Element 211

Element 212

Element 213

Element 221

Element 222

Element 224

Total _____ (Add "Amount/Value" for each row)

NARRATIVE

State QC Reviewer Total

Element 211

Element 212

Element 213

Element 221

Element 222

Element 224

Total _____

NARRATIVE

311 - Wages and Salaries	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ Finished with documenting information for the Field Investigation Findings

☐ Case Record indicates no household members with wages or salaries

☐ State QC Reviewer finds no household members with wages or salaries

☐ IEVS data match checked for all household members

Use this table to document household members who are UNEMPLOYED: (Click "Insert Line")

QC ANALYSIS OF CASE RECORD

No.	Person Name	QC Analysis	
01		Employer	
		Gross Used for Sample Month [ ] Show computation in narrative	
		(GROSS USED FOR SAMPLE MONTH PER PERSON WILL COPY TO COLUMN 1, LINE 1A OF COMP SHEET)	
		Time Frame Used to Calculate Gross	From [ ] To [ ]
		Frequency of Pay	
		Method of Calculation	
		Verified By	
		Documentation	
02		Employer	
		Gross Used for Sample Month [ ] Show computation in narrative	
		(GROSS USED FOR SAMPLE MONTH PER PERSON WILL COPY TO COLUMN 1, LINE 1A OF COMP SHEET)	
		Time Frame Used to Calculate Gross	From [ ] To [ ]
		Frequency of Pay	
		Method of Calculation	
		Verified By	
		Documentation	
03		Employer	
		Gross Used for Sample Month [ ] Show computation in narrative	
		(GROSS USED FOR SAMPLE MONTH PER PERSON WILL COPY	

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Findings	
01		Never Employed	☐
		Last Employed	
		Last Employer	
		Income from child under 18	○ Included Income ○ Excluded Income
		Documentation	
02		Never Employed	☐
		Last Employed	
		Last Employer	
		Income from child under 18	○ Included Income ○ Excluded Income
		Documentation	
03		Never Employed	☐
		Last Employed	
		Last Employer	
		Income from child under 18	○ Included Income ○ Excluded Income
		Documentation	

Use this table to document household members who are EMPLOYED: (Click "Insert Line")

No.	Person Name	Findings	
01		Employer	

TO COLUMN 1, LINE 1A OF COMP SHEET)

| Time Frame Used to Calculate Gross | From |
| | To |

Frequency of Pay	
Method of Calculation	
Verified By	
Documentation	

Total Gross Amount [   ] (Add "Gross Used for Sample Month Gross" for each row)

NARRATIVE

03

| Verified Gross in Sample Month | [   ] Show computation in narrative |

(VERIFIED GROSS IN SAMPLE MONTH PER PERSON WILL COPY TO COLUMN 3, LINE 1A OF COMP SHEET)

| Time Frame Used to Calculate Gross | From |
| | To |

Frequency of Pay	
Method of Calculation	
Verified By	
Documentation	

02

| Employer | |

| Verified Gross in Sample Month | [   ] Show computation in narrative |

(VERIFIED GROSS IN SAMPLE MONTH PER PERSON WILL COPY TO COLUMN 3, LINE 1A OF COMP SHEET)

| Time Frame Used to Calculate Gross | From |
| | To |

Frequency of Pay	
Method of Calculation	
Verified By	
Documentation	

03

| Employer | |

| Verified Gross in Sample Month | [   ] Show computation in narrative |

(VERIFIED GROSS IN SAMPLE MONTH PER PERSON WILL COPY TO COLUMN 3, LINE 1A OF COMP SHEET)

| Time Frame Used to Calculate Gross | From |
| | To |

Frequency of Pay	
Method of Calculation	
Verified By	
Documentation	

Budgeting Method used

State Agency Computation

Total Gross Amount

NARRATIVE

312 - Self-Employment	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no household members with self-employment income	☐ State QC Reviewer finds no household members with self-employment income
	☐ IEVS data match checked for all household members

QC ANALYSIS OF CASE RECORD

No.	Person Name	QC Analysis
01		**Self Employment Type** _____
		Business Name _____
		Gross Monthly _____
		(GROSS MONTHLY PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)
		Gross Business Costs _____
		(GROSS BUSINESS COSTS PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)
		Net Monthly _____ (Subtract "Gross Business Costs" from "Gross Monthly")
		(NET MONTHLY PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)
		Month of Income _____
		Verified By _____
		Income from child under18 ○ Included Income ○ Excluded Income
		Earnings Projected _____ **Period** _____
		Documentation _____
02		**Self Employment Type** _____
		Business Name _____
		Gross Monthly _____
		(GROSS MONTHLY PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)
		Gross Business _____

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Findings
01		**Self Employment Type** _____
		Business Name _____
		Gross Monthly _____
		(GROSS MONTHLY AMOUNT PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)
		Gross Business Costs _____
		(GROSS BUSINESS COSTS PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)
		Net Monthly _____
		(NET MONTHLY PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)
		Month of Income _____
		Verified By _____
		Income from child under 18 ○ Included Income ○ Excluded Income
		Documentation _____
02		**Self Employment Type** _____
		Business Name _____
		Gross Monthly _____
		(GROSS MONTHLY AMOUNT PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)
		Gross Business Costs _____
		(GROSS BUSINESS COSTS PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)

03		Costs	
		(GROSS BUSINESS COSTS PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)	
		Net Monthly	(Subtract "Gross Business Costs" from "Gross Monthly")
		(NET MONTHLY PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)	
		Month of Income	
		Verified By	
		Income from child under18	○ Included Income ○ Excluded Income
		Earnings Projected	Period
		Documentation	
		Self Employment Type	
		Business Name	
		Gross Monthly	
		(GROSS MONTHLY PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)	
		Gross Business Costs	
		(GROSS BUSINESS COSTS PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)	
		Net Monthly	(Subtract "Gross Business Costs" from "Gross Monthly")
		(NET MONTHLY PER PERSON WILL COPY TO COLUMN 1 OF SELF EMPLOYMENT COMP SHEET)	
		Month of Income	
		Verified By	
		Income from child under18	○ Included Income ○ Excluded Income

03		Net Monthly	
		(NET MONTHLY PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)	
		Month of Income	
		Verified By	
		Income from child under 18	○ Included Income ○ Excluded Income
		Documentation	
		Self Employment Type	
		Business Name	
		Gross Monthly	
		(GROSS MONTHLY AMOUNT PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)	
		Gross Business Costs	
		(GROSS BUSINESS COSTS PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)	
		Net Monthly	
		(NET MONTHLY PER PERSON WILL COPY TO COLUMN 3 OF SELF EMPLOYMENT COMP SHEET)	
		Month of Income	
		Verified By	
		Income from child under 18	○ Included Income ○ Excluded Income
		Documentation	

Budgeting Method Used

State Agency Computation

Total Gross Amount

NARRATIVE

| | | Earnings Projected | [ ] Period |
| | | Documentation | [ ] |

Total Gross Amount [ ] (Add "Net Monthly" for each row)

NARRATIVE

314 - Other Earned Income   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

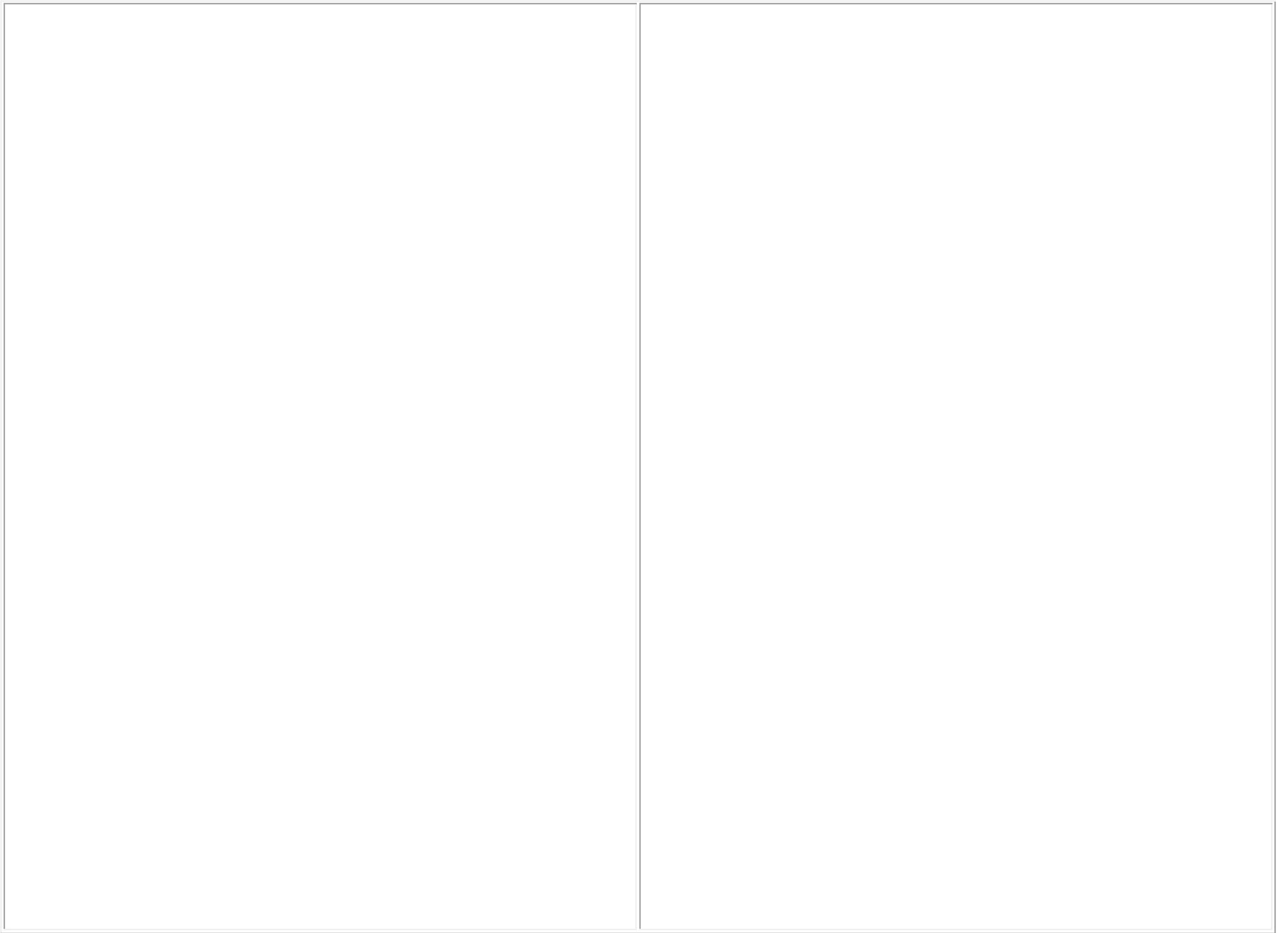| QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no household members with other earned income	☐ State QC Reviewer finds no household members with other earned income
	☐ IEVS data match checked for all household members

QC ANALYSIS OF CASE RECORD

No.	Person Name	QC Analysis
01		Source of Income [_____]
		Amount of Income [____] Show computation in narrative
		(AMOUNT OF INCOME PER PERSON WILL COPY TO COLUMN 1, LINE 1A OF COMP SHEET)
		Verified By [_____]
		Documentation [_____]
02		Source of Income [_____]
		Amount of Income [____] Show computation in narrative
		(AMOUNT OF INCOME PER PERSON WILL COPY TO COLUMN 1, LINE 1A OF COMP SHEET)
		Verified By [_____]
		Documentation [_____]
03		Source of Income [_____]
		Amount of Income [____] Show computation in narrative
		(AMOUNT OF INCOME PER PERSON WILL COPY TO COLUMN 1, LINE 1A OF COMP SHEET)
		Verified By [_____]
		Documentation [_____]

Total Amount of Income [____] (Add "Amount of Income" for each row)

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Findings
01		Source of Income [_____]
		Amount of Income [____] Show computation in narrative
		(AMOUNT OF INCOME PER PERSON WILL COPY TO COLUMN 3, LINE 1A OF COMP SHEET)
		Verified By [_____]
		Documentation [_____]
02		Source of Income [_____]
		Amount of Income [____] Show computation in narrative
		(AMOUNT OF INCOME PER PERSON WILL COPY TO COLUMN 3, LINE 1A OF COMP SHEET)
		Verified By [_____]
		Documentation [_____]
03		Source of Income [_____]
		Amount of Income [____] Show computation in narrative
		(AMOUNT OF INCOME PER PERSON WILL COPY TO COLUMN 3, LINE 1A OF COMP SHEET)
		Verified By [_____]
		Documentation [_____]

Total Amount of Income [____]

NARRATIVE

321 - Earned Income Deductions   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ N/A - No Earned Income in Elements 311, 312, 314	☐ N/A - No Earned Income in Elements 311, 312, 314
Case Record Total	State QC Reviewer Total
Element 311	Element 311
Element 312	Element 312
Element 314	Element 314
Case Record Earned Income Deduction (TOTAL FOR COLUMN 1, LINE 5 OF COMP SHEET)	State QC Reviewer Earned Income Deduction
(Add the value for each row and multiply the total by 20%)	(Enter the correct value based on your State's rounding options in this line. If cents should be retained, re-enter the value calculated above) (TOTAL FOR COLUMN 3, LINE 5 OF COMP SHEET)
NARRATIVE	NARRATIVE

323 - Dependent Care Deductions   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record   ☐ Finished with documenting information for the Field Investigation Findings

☐ Case Record indicates no dependent care expenses   ☐ State QC Reviewer finds no dependent care expenses

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		For Dependent		01		For Dependent	
		Dependent Care Expenses				Dependent Care Expenses	
		Amount				Amount	
		Provider				Provider	
		Verified By				Verified By	
		Dependent Care Deduction				Dependent Care Deduction	
02		For Dependent		02		For Dependent	
		Dependent Care Expenses				Dependent Care Expenses	
		Amount				Amount	
		Provider				Provider	
		Verified By				Verified By	
		Dependent Care Deduction				Dependent Care Deduction	
03		For Dependent		03		For Dependent	
		Dependent Care Expenses				Dependent Care Expenses	
		Amount				Amount	
		Provider				Provider	
		Verified By				Verified By	
		Dependent Care Deduction				Dependent Care Deduction	

State Agency Allowable [   ]   State Agency Allowable [   ]

Total Dependent Care Used [   ] (TOTAL FOR COLUMN 1, LINE 8 OF COMP SHEET)   Total Dependent Care Used [   ] (TOTAL FOR COLUMN 3, LINE 8 OF COMP SHEET)

NARRATIVE   NARRATIVE
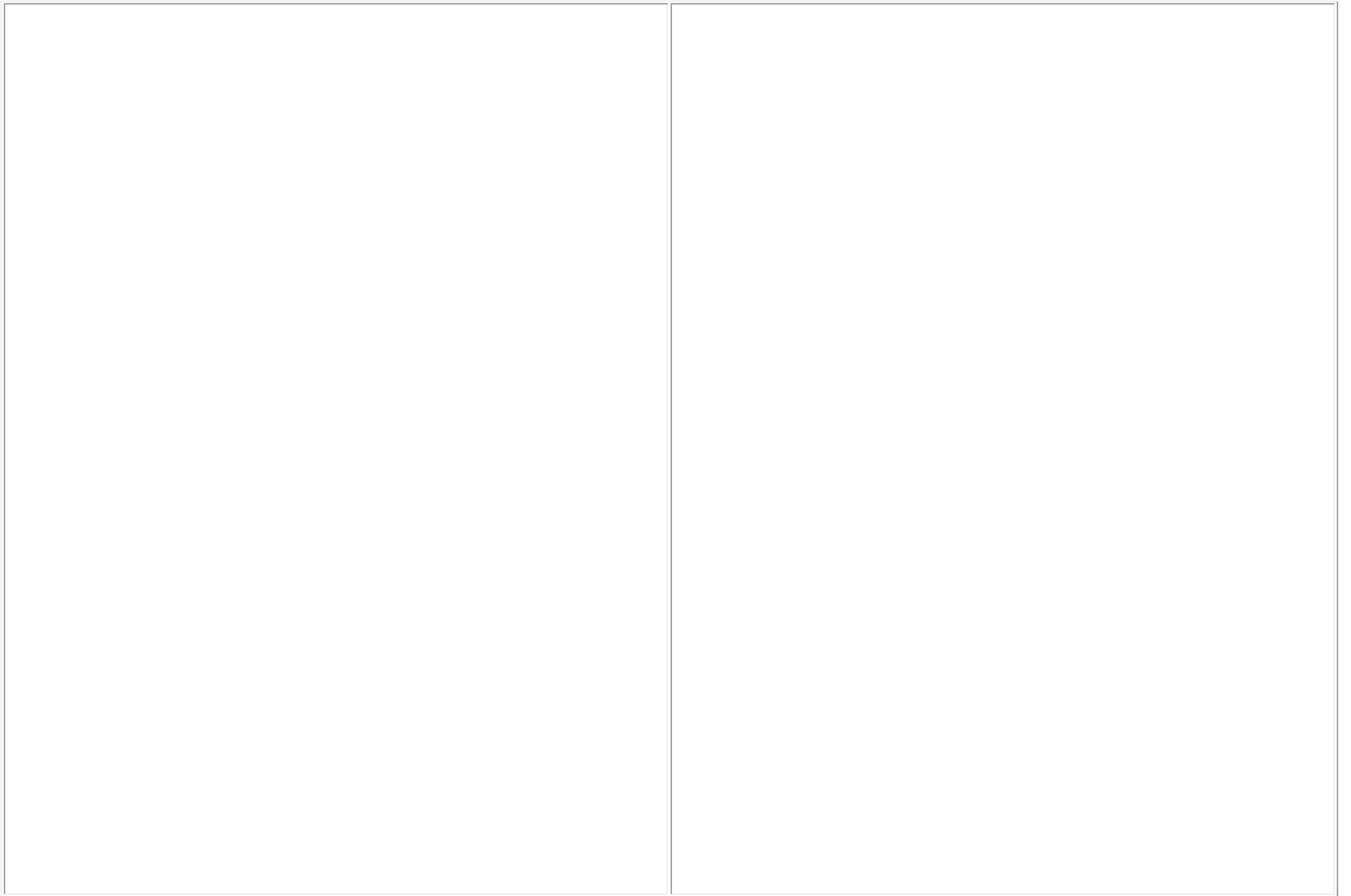
331 - RSDI Benefits   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no RSDI benefits	☐ State QC Reviewer finds no RSDI benefits
	☐ IEVS data match checked for all household members

QC ANALYSIS OF CASE RECORD

No.	Person Name	QC Analysis
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]

Total Amount [____] (Add "Amount" for each row)

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Findings
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]

Total Amount [____]

NARRATIVE

332 - Veterans Benefits ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ Case Record indicates no Veterans benefits

No.	Person Name	QC Analysis
01		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
02		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
03		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]

Total Amount [ ] (Add "Amount" for each row)

NARRATIVE

☐ Finished with documenting information for the Field Investigation Findings

☐ State QC Reviewer finds no Veterans benefits

☐ IEVS data match checked for all household members

No.	Person Name	Findings
01		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
02		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
03		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]

Total Amount [ ]

NARRATIVE

333 - SSI and/or State SSI Supplement ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record ☐ Finished with documenting information for the Field Investigation Findings

☐ Case Record indicates no SSI and/or State SSI Supplement ☐ State QC Reviewer finds no SSI and/or State SSI Supplement

☐ IEVS data match checked for all household members

No.	Person Name	QC Analysis		No.	Person Name	Findings
01		Amount _____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By _____ Documentation _____		01		Amount _____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By _____ Documentation _____
02		Amount _____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By _____ Documentation _____		02		Amount _____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By _____ Documentation _____
03		Amount _____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By _____ Documentation _____		03		Amount _____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By _____ Documentation _____

Total Amount _____ (Add "Amount" for each row)

NARRATIVE

Total Amount _____

NARRATIVE

334 - Unemployment Compensation   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ Case Record indicates no unemployment compensation

No.	Person Name	QC Analysis
01		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
02		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
03		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]

Total Amount [   ] (Add "Amount" for each row)

NARRATIVE

☐ Finished with documenting information for the Field Investigation Findings

☐ State QC Reviewer finds no unemployment compensation

☐ IEVS data match checked for all household members

No.	Person Name	Findings
01		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
02		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]
03		Amount [ ] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [ ] Documentation [ ]

Total Amount [   ]

NARRATIVE

335 - Worker's Compensation   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no workers compensation	☐ State QC Reviewer finds no workers compensation
	☐ IEVS data match checked for all household members

QC ANALYSIS OF CASE RECORD

No.	Person Name	QC Analysis
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]

Total Amount [____] (Add "Amount" for each row)

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Findings
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]

Total Amount [____]

NARRATIVE

336 - Other Government Compensation	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ Case Record indicates no other Government benefits

No.	Person Name	QC Analysis
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]

Total Amount [____] (Add "Amount" for each row)

NARRATIVE

☐ Finished with documenting information for the Field Investigation Findings

☐ State QC Reviewer finds no other Government benefits

☐ IEVS data match checked for all household members

No.	Person Name	Findings
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [____] Documentation [____]

Total Amount [____]

NARRATIVE

342 - Contributions	○ 1 = No Error　　○ 2 = Agency Error　　○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐　Finished with documenting information for the Case Record	☐　Finished with documenting information for the Field Investigation Findings
☐　Case Record indicates no contributions	☐　State QC Reviewer finds no contributions

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		Amount	_____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)	01		Amount	_____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)
		Verified By				Verified By	
		Documentation				Documentation	
02		Amount	_____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)	02		Amount	_____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)
		Verified By				Verified By	
		Documentation				Documentation	
03		Amount	_____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)	03		Amount	_____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)
		Verified By				Verified By	
		Documentation				Documentation	

Total Amount _____ (Add "Amount" for each row)　　　　　　Total Amount _____

NARRATIVE

NARRATIVE

343 - Deemed Income ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no deemed income	☐ State QC Reviewer finds no deemed income

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		Amount _____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)		01		Amount _____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)	
		Verified By _____				Verified By _____	
		Documentation _____				Documentation _____	
02		Amount _____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)		02		Amount _____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)	
		Verified By _____				Verified By _____	
		Documentation _____				Documentation _____	
03		Amount _____ (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)		03		Amount _____ (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)	
		Verified By _____				Verified By _____	
		Documentation _____				Documentation _____	

Total Amount _____ (Add "Amount" for each row)

NARRATIVE

Total Amount _____

NARRATIVE

344 - TANF, PA, or GA   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no TANF, PA, or GA	☐ State QC Reviewer finds no TANF, PA, or GA

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [_____] Documentation [_____]		01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [_____] Documentation [_____]	
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [_____] Documentation [_____]		02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [_____] Documentation [_____]	
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Verified By [_____] Documentation [_____]		03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Verified By [_____] Documentation [_____]	

Total Amount [_____] (Add "Amount" for each row)

NARRATIVE

Total Amount [_____]

NARRATIVE

345 - Educational Grants/Scholarships/Loans   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐   Finished with documenting information for the Case Record
☐   Case Record indicates no educational grants, scholarships, and/or loans

☐   Finished with documenting information for the Field Investigation Findings
☐   State QC Reviewer finds no educational grants, scholarships, and/or loans

No.	Person Name	QC Analysis
01		Institution Name
		Educational Time Frame From _____ To _____
		a. Total Countable Grants
		b. Total Countable Scholarships +
		c. Total Countable Loans +
		d. Total Countable Grants, Scholarships, and Loans
		(For Line d, add Lines a, b, and c) =
		e. Tuition
		f. Mandatory School Fees +
		g. Books +
		h. Supplies +
		i. Transportation +
		j. Miscellaneous Personal Expenses +
		k. Dependent Care +
		l. Origination Fee/Insurance on Loans +
		m. Other +
		n. Total Expenses
		(For Line n, add Lines e through m) =
		o. Income less Expenses

No.	Person Name	Findings
01		Institution Name
		Educational Time Frame From _____ To _____
		a. Total Countable Grants
		b. Total Countable Scholarships +
		c. Total Countable Loans +
		d. Total Countable Grants, Scholarships, and Loans
		(For Line d, add Lines a, b, and c) =
		e. Tuition
		f. Mandatory School Fees +
		g. Books +
		h. Supplies +
		i. Transportation +
		j. Miscellaneous Personal Expenses +

02			
		(For Line o, subtract Line n from Line d) = [ ]	
		p. Number of Months / [ ]	
		q. Monthly Educational Income	
		(For Line q, divide Line o by Line p) = [ ]	
		Verified By [ ]	
		Documentation [ ]	
		Institution Name [ ]	
		Educational Time Frame From [ ] To [ ]	
		a. Total Countable Grants [ ]	
		b. Total Countable Scholarships + [ ]	
		c. Total Countable Loans + [ ]	
		d. Total Countable Grants, Scholarships, and Loans	
		(For Line d, add Lines a, b, and c) = [ ]	
		e. Tuition [ ]	
		f. Mandatory School Fees + [ ]	
		g. Books + [ ]	
		h. Supplies + [ ]	
		i. Transportation + [ ]	
		j. Miscellaneous Personal Expenses + [ ]	
		k. Dependent Care + [ ]	
		l. Origination Fee/Insurance on Loans + [ ]	
		m. Other + [ ]	
		n. Total Expenses	

		k. Dependent Care + [ ]	
		l. Origination Fee/Insurance on Loans + [ ]	
		m. Other + [ ]	
		n. Total Expenses	
		(For Line n, add Lines e through m) = [ ]	
		o. Income less Expenses	
		(For Line o, subtract Line n from Line d) = [ ]	
		p. Number of Months / [ ]	
		q. Monthly Educational Income	
		(For Line q, divide Line o by Line p) = [ ]	
		Verified By [ ]	
		Documentation [ ]	
02		Institution Name [ ]	
		Educational Time Frame From [ ] To [ ]	
		a. Total Countable Grants [ ]	
		b. Total Countable Scholarships + [ ]	
		c. Total Countable Loans + [ ]	
		d. Total Countable Grants, Scholarships, and Loans	
		(For Line d, add Lines a, b, and c) =	

03

(For Line n, add Lines e through m) = [ ]

o. Income less Expenses

(For Line o, subtract Line n from Line d) = [ ]

p. Number of Months / [ ]

q. Monthly Educational Income

(For Line q, divide Line o by Line p) = [ ]

Verified By [ ]

Documentation [ ]

Institution Name [ ]

Educational Time Frame   From [ ] To [ ]

a. Total Countable Grants [ ]

b. Total Countable Scholarships + [ ]

c. Total Countable Loans + [ ]

d. Total Countable Grants, Scholarships, and Loans

(For Line d, add Lines a, b, and c) = [ ]

e. Tuition [ ]

f. Mandatory School Fees + [ ]

g. Books + [ ]

h. Supplies + [ ]

i. Transportation + [ ]

j. Miscellaneous Personal Expenses + [ ]

k. Dependent Care + [ ]

l. Origination Fee/Insurance on Loans + [ ]

[ ]

e. Tuition [ ]

f. Mandatory School Fees + [ ]

g. Books + [ ]

h. Supplies + [ ]

i. Transportation + [ ]

j. Miscellaneous Personal Expenses + [ ]

k. Dependent Care + [ ]

l. Origination Fee/Insurance on Loans + [ ]

m. Other + [ ]

n. Total Expenses

(For Line n, add Lines e through m) = [ ]

o. Income less Expenses

(For Line o, subtract Line n from Line d) = [ ]

p. Number of Months / [ ]

q. Monthly Educational Income

(For Line q, divide Line o by Line p) = [ ]

Verified By [ ]

Documentation [ ]

m. Other	+	
n. Total Expenses		
(For Line n, add Lines e through m)	=	
o. Income less Expenses		
(For Line o, subtract Line n from Line d)	=	
p. Number of Months	/	
q. Monthly Educational Income		
(For Line q, divide Line o by Line p)	=	
Verified By		
Documentation		

Total Monthly Education Amount [   ] (Add "Monthly Education Amount" for each row)

NARRATIVE

03

Institution Name	
Educational Time Frame From [ ] To [ ]	
a. Total Countable Grants	
b. Total Countable Scholarships	+
c. Total Countable Loans	+
d. Total Countable Grants, Scholarships, and Loans	
(For Line d, add Lines a, b, and c)	=
e. Tuition	
f. Mandatory School Fees	+
g. Books	+
h. Supplies	+
i. Transportation	+
j. Miscellaneous Personal Expenses	+
k. Dependent Care	+
l. Origination Fee/Insurance on Loans	+
m. Other	+

n. Total Expenses		
(For Line n, add Lines e through m)	= [_____]
o. Income less Expenses		
(For Line o, subtract Line n from Line d)	= [_____]
p. Number of Months	/ [_____]
q. Monthly Educational Income		
(For Line q, divide Line o by Line p)	= [_____]
Verified By	[_____]
Documentation	[_____]

Total Amount [_____]

NARRATIVE

346 - Other Unearned Income ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no other unearned income	☐ State QC Reviewer finds no other unearned income

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)		01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)	
		Verified By [____]				Verified By [____]	
		Documentation [____]				Documentation [____]	
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)		02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)	
		Verified By [____]				Verified By [____]	
		Documentation [____]				Documentation [____]	
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET)		03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET)	
		Verified By [____]				Verified By [____]	
		Documentation [____]				Documentation [____]	

Total Amount [____] (Add "Amount" for each row)   Total Amount [____]

NARRATIVE   NARRATIVE

350 - Child Support Payments Received from Absent Parent

○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no child support payments received from absent parent	☐ State QC Reviewer finds no child support payments received from absent parent

No.	Person Name	QC Analysis	No.	Person Name	Findings
01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Payer [____] Verified By [____] Documentation [____]	01		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Payer [____] Verified By [____] Documentation [____]
02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Payer [____] Verified By [____] Documentation [____]	02		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Payer [____] Verified By [____] Documentation [____]
03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 1, LINE 2 OF COMP SHEET) Payer [____] Verified By [____] Documentation [____]	03		Amount [____] (PER PERSON, TOTAL FOR COLUMN 3, LINE 2 OF COMP SHEET) Payer [____] Verified By [____] Documentation [____]

Total Amount [____] (Add "Amount" for each row)

NARRATIVE

Total Amount [____]

NARRATIVE

361 - Standard Deduction	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

Standard Deduction applied	[ ] (TOTAL FOR COLUMN 1, LINE 6 OF COMP SHEET)	Standard Deduction applied	[ ] (TOTAL FOR COLUMN 3, LINE 6 OF COMP SHEET)
		Standard Deduction applied correctly	○ Yes ○ No

NARRATIVE

NARRATIVE

363 - Shelter Deduction   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION

☐ Finished with documenting information for the Case Record

☐ Finished with documenting information for the Field Investigation Findings

☐ Case Record indicates no shelter deductions

☐ State QC Reviewer finds no shelter deductions

(FOR EACH BILLED SHELTER EXPENSE, THE AMOUNT IN "AMOUNT FOR SAMPLE MONTH BENEFITS" WILL COPY TO COLUMN 1, LINE 12 OF THE COMP SHEET)

(FOR EACH BILLED SHELTER EXPENSE, THE AMOUNT IN "ACTUAL FOR SAMPLE MONTH BENEFITS" WILL COPY TO COLUMN 3, LINE 12 OF THE COMP SHEET)

Billed Shelter Expense	As Declared on Application	As Declared on Change Report	Amount for Sample Month Benefits	Household Verification Status	Verified By
Rent					
1st Mortgage					
2nd Mortgage					
Tax					
Insurance					
Homeowner's/Condo Fees					
Lot Rent					
Other					
Total					

(For each "Total" field above, add each billed shelter expense for each respective column)
NARRATIVE

Billed Shelter Expense	Actual for Sample Month Benefits	Household Verification Status	Verified By
Rent			
1st Mortgage			
2nd Mortgage			
Tax			
Insurance			
Homeowner's/Condo Fees			
Lot Rent			
Other			
Total			

NARRATIVE

364 - Standard Utility Allowance ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no utility expenses ☐ Household Receives Low-Income Home Energy Assistance (LIHEAP)	☐ State QC Reviewer finds no utility expenses ☐ Household Receives Low-Income Home Energy Assistance (LIHEAP)

(FOR EACH UTILITY, THE AMOUNT IN "USED FOR SAMPLE MONTH BENEFITS" WILL COPY TO COLUMN 1, LINE 12 OF THE COMP SHEET)
http://www.fns.usda.gov/snap/rules/Memo/SUAAlpha.htm

Utilities	As Declared on Application	As Declared on Change Report	Used for Sample Month Benefits	Verified By
	● SUA Used ● Actual Expenses	● SUA Used ● Actual Expenses	● SUA Used ● Actual Expenses	
Heating and/or cooling				
Electricity				
Gas/Fuel				
Water				
Sewage				
Garbage and trash collection				
The basic service fee for one telephone (including tax on the basic fee)				
Fees charged by the provider for installing the utility				
Total				

(For each "Total" field above, add each utility expense for each respective column)

(FOR EACH UTILITY, THE AMOUNT IN "USED FOR SAMPLE MONTH BENEFITS" WILL COPY TO COLUMN 3, LINE 12 OF THE COMP SHEET)
http://www.fns.usda.gov/snap/rules/Memo/SUAAlpha.htm

Utilities	Used for Sample Month Benefits	Verified By
	● SUA Used ● Actual Expenses	
Heating and/or cooling		
Electricity		
Gas/Fuel		
Water		
Sewage		
Garbage and trash collection		
The basic service fee for one telephone (including tax on the basic fee)		
Fees charged by the provider for installing the utility		
Total		

NARRATIVE

NARRATIVE

365 - Medical Deductions　　○ 1 = No Error　　○ 2 = Agency Error　　○ 3 = Client Error　　REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no medical deductions	☐ State QC Reviewer finds no medical deductions
☐ Case Record indicates no household member is eligible for this deduction	☐ State QC Reviewer finds no household member is eligible for this deduction

QC ANALYSIS OF CASE RECORD

No.	Person Name	Age	QC Analysis	
01			Elderly/Disabled	
			Medical Expense Amount	
			Expense Type	
			Household Verification Status	
			Verified By	
			Documentation	
02			Elderly/Disabled	
			Medical Expense Amount	
			Expense Type	
			Household Verification Status	
			Verified By	
			Documentation	
03			Elderly/Disabled	
			Medical Expense Amount	
			Expense Type	
			Household Verification Status	
			Verified By	
			Documentation	

Total Medical Expenses ☐ (Add "Medical Expense Amount" for each row)

○ Standard Medical Deduction Used　○ Actual Expenses Used

Standard Medical Deduction Amount ☐ (TOTAL FOR COLUMN 1, LINE 7 OF COMP SHEET)

Total Actual Medical Expense Amount ☐ - 35 = ☐ (TOTAL FOR COLUMN 1, LINE 7 OF COMP SHEET)

FINDINGS OF FIELD INVESTIGATION

No.	Person Name	Age	Findings	
01			Elderly/Disabled	
			Medical Expense Amount	
			Medical Expense Type	
			Household Verification Status	
			Verified By	
			Documentation	
02			Elderly/Disabled	
			Medical Expense Amount	
			Medical Expense Type	
			Household Verification Status	
			Verified By	
			Documentation	
03			Elderly/Disabled	
			Medical Expense Amount	
			Medical Expense Type	
			Household Verification Status	
			Verified By	
			Documentation	

Total Medical Expenses ☐

○ Standard Medical Deduction Used　○ Actual Expenses Used

Standard Medical Deduction Amount ☐ (TOTAL FOR COLUMN 3, LINE 7 OF COMP SHEET)

Total Actual Medical Expense Amount ☐ - 35 = ☐ (TOTAL FOR COLUMN 3, LINE 7 OF COMP SHEET)

NARRATIVE

366 - Child Support Payment Deduction   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ Case Record indicates no child support deductions	☐ State QC Reviewer finds no child support deductions

No.	Person Name	QC Analysis		No.	Person Name	Findings	
01		Amount		01		Amount	
		Legally Obligated	☐			Legally Obligated	☐
		Legal Obligation Verified By				Legal Obligation Verified By	
		Paid	☐			Paid	☐
		Payment Verified By				Payment Verified By	
		Documentation				Documentation	
02		Amount		02		Amount	
		Legally Obligated	☐			Legally Obligated	☐
		Legal Obligation Verified By				Legal Obligation Verified By	
		Paid	☐			Paid	☐
		Payment Verified By				Payment Verified By	
		Documentation				Documentation	
03		Amount		03		Amount	
		Legally Obligated	☐			Legally Obligated	☐
		Legal Obligation Verified By				Legal Obligation Verified By	
		Paid	☐			Paid	☐
		Payment Verified By				Payment Verified By	
		Documentation				Documentation	

Total Amount [ ] (Add "Amount" for each row, excluding rows where "Legally Obligated" or "Paid" is NOT checked)
(TOTAL FOR COLUMN 1, LINE 9 OF COMP SHEET)

Total Amount [ ] (Total excludes "Amount" for any rows where "Legally Obligated" or "Paid" is NOT checked)
(TOTAL FOR COLUMN 3, LINE 9 OF COMP SHEET)

NARRATIVE

NARRATIVE

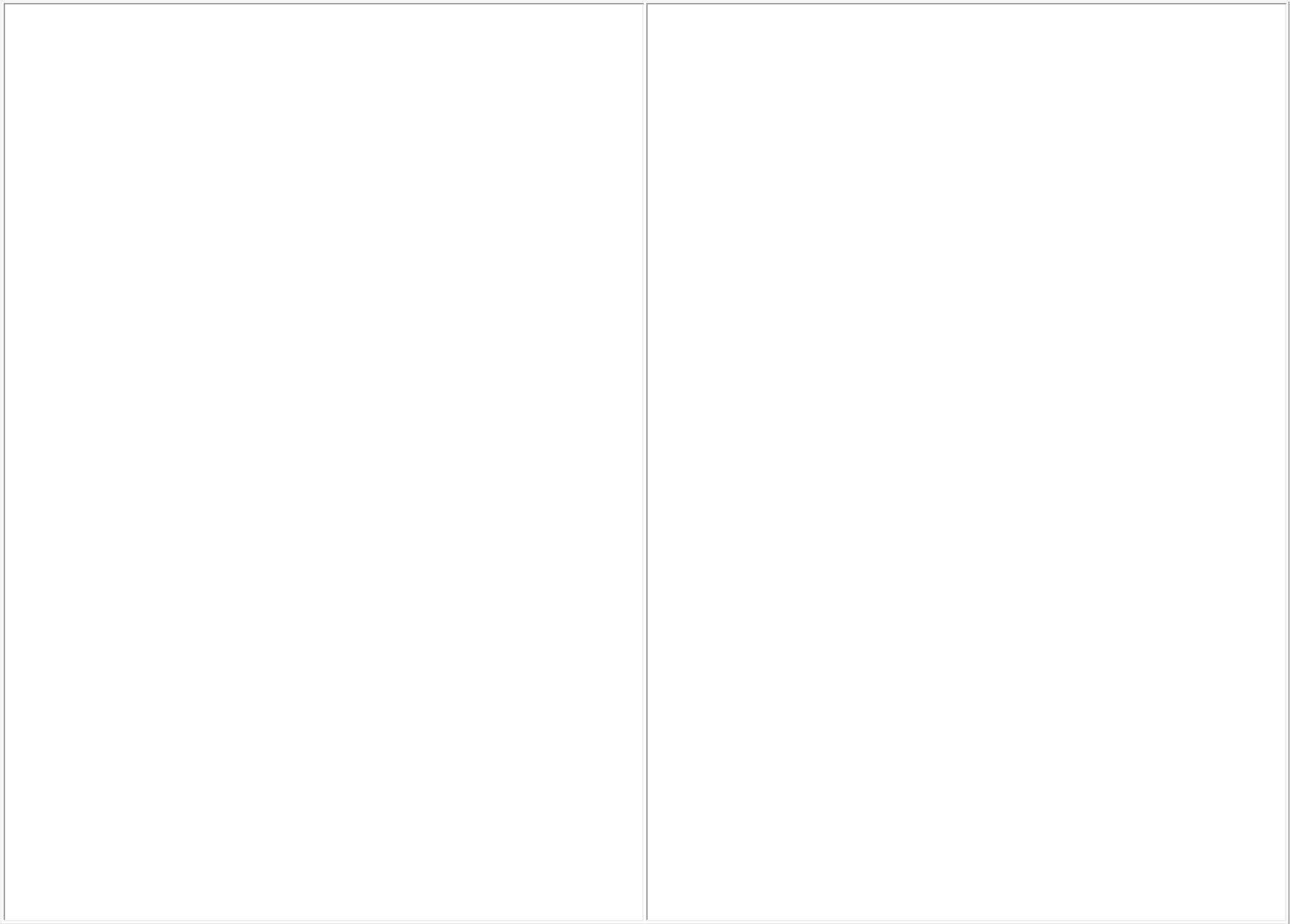**371 - Combined Gross Income**   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

Household Size		
Gross Amount Maximum		(TOTAL FOR COLUMN 1, LINE 4 OF COMP SHEET)
Gross for Sample Month		

Household Size		
Gross Amount Maximum		(TOTAL FOR COLUMN 3, LINE 4 OF COMP SHEET)
Gross for Sample Month		

NARRATIVE

NARRATIVE

372 - Combined Net Income   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

Household Size		
Net Amount Maximum		(TOTAL FOR COLUMN 1, LINE 19 OF COMP SHEET)
Net for Sample Month		

Household Size		
Net Amount Maximum		(TOTAL FOR COLUMN 3, LINE 19 OF COMP SHEET)
Net for Sample Month		

NARRATIVE

NARRATIVE

520 - Arithmetic Computation	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
	☐ Finished with documenting information for the Field Investigation Findings
State QC Reviewer will review calculation in Column 1 Computation Sheet NARRATIVE	○ Correct ○ Incorrect NARRATIVE

| **530 - Transitional Benefits** | ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error | REVIEW NO. _____ |

QC ANALYSIS OF CASE RECORD	**FINDINGS OF FIELD INVESTIGATION**
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

QC ANALYSIS OF CASE RECORD

☐   Case Record shows that this is not a Transitional Benefits case

Date TANF ended for excess gross earnings [_____]

Earnings for final month of TANF [_____]

TANF grant [_____]

Documentation [_____]

NARRATIVE

FINDINGS OF FIELD INVESTIGATION

☐   State QC Review finds that this is not a Transitional Benefits case
☐   Transitional household not identified as such by agency, as of review date

○ State Agency Correct ○ State Agency Incorrect

Documentation [_____]

NARRATIVE

560 - Reporting Systems   ○ 1 = No Error   ○ 2 = Agency Error   ○ 3 = Client Error   REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
	○ State Agency Correct ○ State Agency Incorrect
Reporting Type	Reporting Type
Reporting Timeliness	Reporting Timeliness
Date Required Report Received	Date Required Report Received
NARRATIVE	NARRATIVE

810 - SNAP Simplification Project	○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error	REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ No SNAP Simplification Projects	☐ No SNAP Simplification Projects
NARRATIVE	NARRATIVE

820 - Demonstration Projects ○ 1 = No Error ○ 2 = Agency Error ○ 3 = Client Error REVIEW NO. _____

QC ANALYSIS OF CASE RECORD	FINDINGS OF FIELD INVESTIGATION
☐ Finished with documenting information for the Case Record	☐ Finished with documenting information for the Field Investigation Findings
☐ No Demonstration Projects	☐ No Demonstration Projects
NARRATIVE	NARRATIVE