

# Quality Control Review Schedule

PRIVACY ACT/PAPERWORK REDUCTION ACT. 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 0584-0299. The time required to complete this collection is estimated to average 1.05 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This report is required under provisions of 7 CFR 275.14. This information is needed for the review of State performance in determining recipient eligibility. This information is used to determine State compliance, and failure to report may result in a finding of non-compliance.

## Section 1 – Review Summary

1. QC Review Number	2. Case Number	3. State	4. Local Agency	5. Sample Month & Year	6. Stratum
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Disposition	8. Finding	9. FS Allotment Under Review	10. Error Amount	11. Case Classification	
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## Section 2– Detailed Error Findings

	12. Element	13. Nature	14. Cause	15. Error Finding	16. Error Amount	17. Discovery	18. Verified	19. Occurrence	
								a. Date	b. Time Period
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## Section 3 – Household Characteristics

20. Most Recent Cert. Action

Month, Day, Year

21. Type of Action

22. Length of Cert. 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 Application

28. Categorical Eligibility

29. Reporting Requirement

### Resources:

30. Liquid

31. Property (excluding home)

32 a. Vehicle

32 b. Status 2<sup>nd</sup> Vehicle

33. Countable Vehicle Assets

34. Other Non-liquid

### Income:

35. Gross

36. Net

### Deductions:

37. Earned Income

38. Medical

39. Dependent Care

40. Child Support

41. Shelter

42. Homeless

Additional Information on Shelter Costs:

43. Rent/Mortgage

44. Use of SUA  
a. Usage    b. Proration



45. Utilities (SUA or Actual)

## Section 4 – Information on Each Household Members

46. Person Number	47. FSP Participation	48. Relation Head of HH	49. Age	50. Sex	51. Race	52. Citizen Status	53. Edu. Level	54. Employment Status	54. Employment Hours	55. FSP Work Reg.	56. FSP E&T	57. ABAWD Status	58. Dependent Care Cost
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You may record information on up to 16 individuals using additional pages.

## Section 5 – Income Identified by Household Member

59. Person Number	<u>Source 1</u> 60. Income Type	61. Amount	<u>Source 2</u> 62. Income Type	63. Amount	<u>Source 3</u> 64. Income Type	65. Amount	<u>Source 4</u> 66. Income Type	67. Amount
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

You may record income on up to 10 individuals by using additional pages.

## Section 6 – Reserved Coding

68.	69.	70.	71.	72.	73.	74.	75.	76.
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## Section 7 – Optional For State Use

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2	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
3	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]