



**Report of SNAP Quality Control Review
Department of Social Services
Family Support Division**

A. QC FINDINGS

Sample Month:		Review Number:	
Case Name:		Case Number:	
County:		Region:	
Benefit Program Tech:		Supervisor:	
Last Action:	Choose an item.	Action Date:	
Issuance:		Certification Period:	
Benefit Program Spec:		QAQC Program	
		Coordinator:	
		IM QAQC Manager:	

B. SNAP Choose an item.

Disposition	<input type="checkbox"/> Completed Review <input type="checkbox"/> Dropped Choose an item. <input type="checkbox"/> The participant and/or collateral have failed to cooperate with us by not providing sufficient verification and/or documentation to determine the participant's eligibility/ineligibility. No action is required by the county office since QAQC is dropping the review for failure to cooperate, not refusal to cooperate. <input type="checkbox"/> The participant has refused to cooperate . Without the participant's cooperation we are unable to determine eligibility/ineligibility in our review month. If a SNAP household refuses to cooperate with QAQC, it may be declared ineligible to receive SNAP. After QAQC notifies the County of the refusal, a Notice of Adverse Action (NOAA) must be sent to the participant by the County. Please indicate on the NOAA the reason (refusal to cooperate with a Quality Assurance/Quality Control review) and the length of the disqualification period for the participant. If the household does not request a hearing, appropriate action must be taken to close the case. If the household cooperates with QAQC within the 10 day period or prior to the hearing, their case shall NOT be closed. <p align="center">A household terminated from participation in the program for refusal to cooperate in a review will not be eligible until . A household may reapply prior to this date but will not be eligible until they satisfy the requirements of the Quality Assurance/Quality Control review. If the household reapplies after this date the agency will follow normal application procedures.</p>		
Error Findings	Choose an item.	Error Responsibility	Choose an item.
SNAP Policy Reference			
Source of Error	Element		Nature
Claim Referral #			Possible IPV
Error Amount	Choose an item. \$		

Additional Information:

C. OFFICE RESPONSE

Send Response To: (For QC completion.)	
Office Response Due By: (For QC completion.)	
Date Uploaded:	
1. Does the local office agree with the Case findings presented by QAQC?	<input type="checkbox"/> Yes If case reading is correct, complete 5b and required signatures. If case reading is an error, complete 2-7 and required signatures. <input type="checkbox"/> No Benefit Program Supervisor must contact QAQC Program Coordinator immediately to discuss why disagree, complete 2-7 and required signatures. Explain:
2. Cause / Reason for error(s):	<input type="checkbox"/> Policy Misinterpreted <input type="checkbox"/> Policy Misapplied <input type="checkbox"/> Participant Withheld Information <input type="checkbox"/> Data Entry Error <input type="checkbox"/> Available Information Disregarded <input type="checkbox"/> Other:
3. Comment "in detail" on the cause / reason for the error(s):	
4. Indicators / clues that could have prevented the error(s):	
5. Corrective action(s) taken:	<input type="checkbox"/> Corrected in FAMIS / Record updated <input type="checkbox"/> Claim established <input type="checkbox"/> Referral to WIU <input type="checkbox"/> Benefits restored <input type="checkbox"/> Retroactive benefits issued <input type="checkbox"/> Other:
5a. Explain actions taken to correct error:	
5b. List actions taken on additional information provided by QC:	
6. Preventive corrective action(s) taken:	<input type="checkbox"/> Discussion with Benefit Program Technician <input type="checkbox"/> Unit trained <input type="checkbox"/> Benefit Program Technician trained <input type="checkbox"/> Corrective action plan established/ <input type="checkbox"/> Monitoring of Benefit Program Technician increased revised <input type="checkbox"/> Policy / Manual reviewed, please list: <input type="checkbox"/> Other:
7. Teaching point from error:	
Note: Verifications QAQC receives on error cases are provided. If the local office requests verification QAQC obtained for correct cases please list:	
Benefit Program Technician Signature:	Date:
Supervisor Signature:	Date:
Office Manager Signature: (Needed only if case is in error.)	Date: