USDA United States Department of Agriculture

DATE: June 10,2022

SUBJECT: Updates to the Food and Nutrition Service (FNS) Handbook 310, Supplemental Nutrition Assistance Program (SNAP) Quality Control (QC) Review Handbook, QC Policy Memo: 22-03

TO: All SNAP State Agencies
All Regions

Issuing Agency/Office:	FNS/SNAP
Title of Document	Updates to the FNS Handbook 310, Supplemental Nutrition Assistance Program (SNAP) Quality Control (QC) Review Handbook, QC Policy Memo 22-03
Document ID:	
Z-RIN:	
Date of Issuance:	June 10, 2022
Replaces:	Quality Control Review Handbook, October 2021 thru QC PM 22-02
Summary:	This memo transmits a revised October 2021 FNS Handbook 310 SNAP Quality Control Review Through QC Policy Memo 22-03.

This memo transmits technical updates to appendices B through D of the FNS 310 Handbook currently issued through QC Policy Memo 22-02. This update ensures the forms and form instructions for the FNS 380, Worksheet for QC reviews[1] and 380-1, QC Review Schedule[2], which were approved by the Office of Management and Budget (OMB) are an exact replica of those in appendices B and C respectively. This is a technical correction and does not contain any coding or instruction updates nor does it require any updates to FNS' automated quality control system (QCS), SNAP-QCS.

This memo also updates, in appendix D, FNS Form 245, The SNAP QC Negative Case Review Schedule[3], which was recently renewed by OMB. The renewal introduces new options for reasons a household's negative action occurred. The new coding options are effective immediately and have been updated in SNAP-QCS.

The enclosed page change updates to the Handbook 310 include:

- A revised table of contents streamlining Appendices A-E.

[1] Appendix B: OMB 0584-0074, FNS 380- Worksheet for Quality Control Reviews
[2] Appendix C: OMB 0584-0299, FNS 380-1- Quality Control Review Schedule
[3] Appendix D: OMB 0584-0034, FNS 245- SNAP Negative Case Action Review Schedule

- Replacement pages for the cover and end pages, as well as Appendices A-D to ensure the QC forms in the FNS 310 are an exact replica of those approved by OMB. Please note a possible formatting change may show the coding options extending onto a following page and the only reason appendix A is included is due to its location next to appendix B on the printed version of the handbook.

The page control chart below is for replacing pages in paper copies of the Handbook 310.

PAGE CONTROL CHART

Remove Pages	**Dated**	**Insert Pages**	**Dated**
Cover October 2021 issued thru QC Policy Memo 22-02	October 2021 Thru QC Policy Memo 22-02	October 2021 through QC Policy Memo 22-03	October 2021 Through QC Policy Memo 22-03
A1 through D20 (Dated October 2021)		A1 through D20	6-10-22
End Page		End Page	October 2021 Through QC Policy Memo 22-03

State agencies with questions should contact their respective Regional Office representatives.

Sincerely,

ALONSO RODRIGUEZ
Digitally signed by ALONSO RODRIGUEZ
Date: 2022.06.10 10:58:52 -04'00'

Alonso Rodriguez
Acting Director
Program Accountability and Administration Division

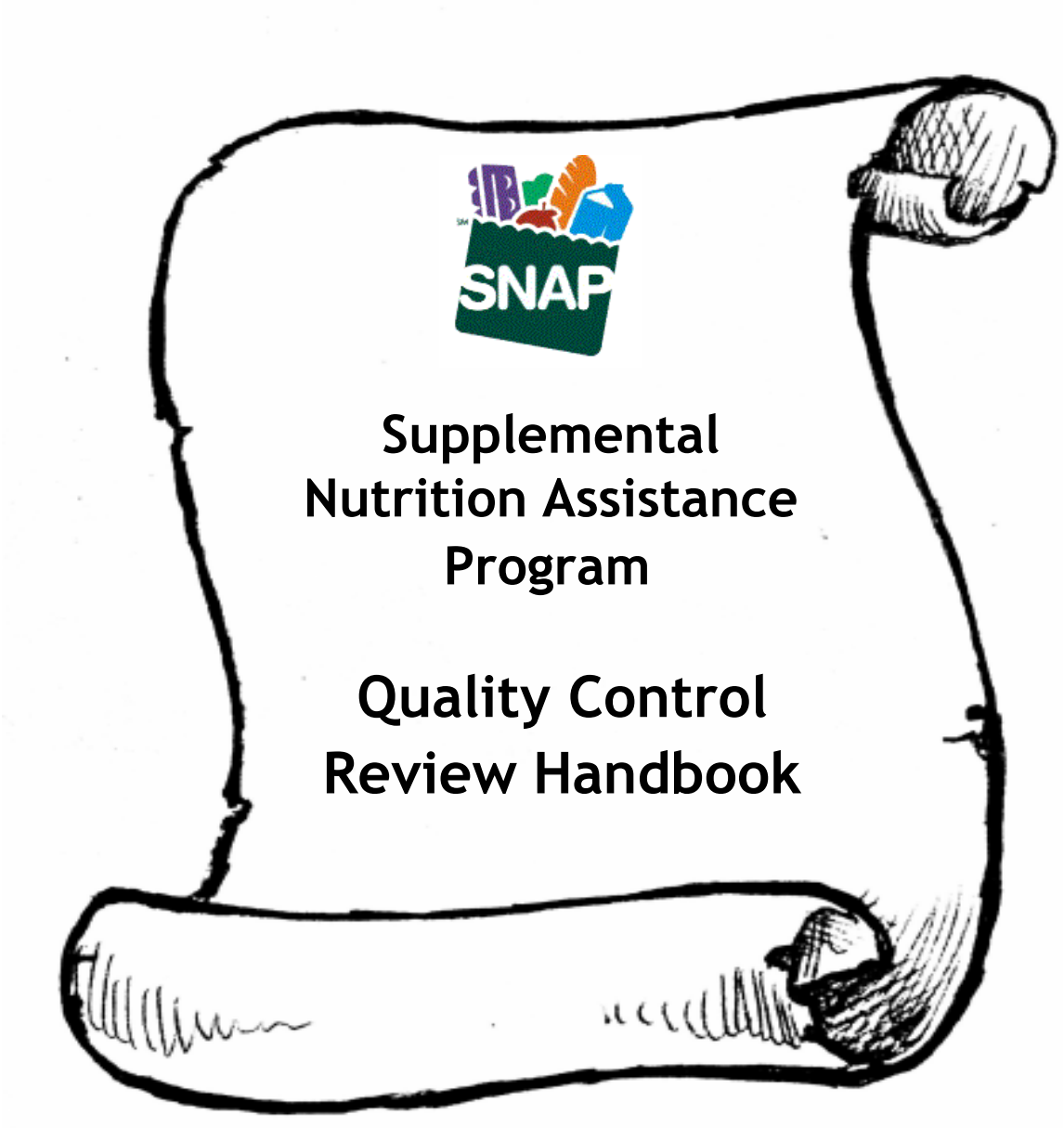
Attachment

FNS HANDBOOK 310

United States Department of Agriculture

Food and
Nutrition
Service

Alexandria, VA



Supplemental Nutrition Assistance Program

Quality Control Review Handbook

October 2021

Through QC Policy Memo 22-03

APPENDIX D

APPENDIX E

APPENDIX A
SNAP QC Error Threshold

The SNAP QC review process includes an error threshold (QC tolerance level) for its active frame cases. This threshold determines which cases reviewed by QC will end up in the calculation of a State's official error rate. Prior to FY 2014, the threshold required a regulatory or legislative change for the threshold amount to be adjusted. However, in 2014, an act of Congress required the FY 2014 threshold to be used as a baseline for all fiscal years moving forward. For fiscal years 2015 and thereafter, the 2014 QC tolerance level is adjusted annually by the percentage by which the Thrifty Food Plan (TFP) for the 48 contiguous States and the District of Columbia is adjusted. This appendix will be updated annually with the revised threshold amount.

Cases with a final error allotment amount *less than or equal to (≤)* the threshold are not included in the calculation of a State agency's official error rate for that fiscal year.

Cases with a final error allotment amount *greater than (>)* the threshold are included in the calculation of the State agency's official error rate for that fiscal year.

Fiscal Year	Threshold Amount
2022	**$48**
2021	$39
2020	$37
2019	$ 37
2018	$ 37
2017	$ 38
2016	$ 38
2015	$ 38
2014	$ 37
2013	$ 50
2012	$ 50
2010 - 2011	$ 25
2009 (6 mo only)	$ 50
2000 - part of 2009	$ 25
1979-1999	$ 5

Important notes:

- All cases determined ineligible for SNAP as a result of the final QC review, regardless of the error amount, are included in the calculation of a State's official error rate.
- All errors found during a QC review, regardless of its inclusion in the State's official error rate determination, must be cited and reported to the appropriate office(s) within the State agency that addresses SNAP overissuances, underissuances, and corrective action/improvement initiatives.

Appendix B
SNAP FNS-380
Worksheet for Quality Control Reviews

Print

OMB APPROVED NO. 0584-0074
Expiration Date: 04/30/2023

U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service

FNS Handbook 310

WORKSHEET FOR QUALITY CONTROL REVIEWS

PRIVACY ACT NOTICE: This report is required under provisions of 7 CFR 275.14 (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.

OMB 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 0584-0074. The time required to complete this collection is estimated to average 8.9 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

A. IDENTIFYING INFORMATION

1. LOCAL AGENCY _____
2. CASE NAME _____
3. ADDRESS _____
4. PHONE NUMBER _____
5. DIRECTIONS TO LOCATE _____

6. CASE NUMBER	
7. REVIEW NUMBER	
8. REVIEW DATE	
9. RESERVED	
10. MOST RECENT ACTION	
a. Date	
b. Type	
11. CERTIFICATION PERIOD From:	
To:	
12. PART. DURING SAMPLE MONTH	☐ YES ☐ NO
13. REC'D EXPEDITED SERVICE	☐ YES ☐ NO
14. CATEGORICALLY ELIGIBLE HH	☐ YES ☐ NO
15. REVIEWER	
16. DATE ASSIGNED	
17. DATE OF CASE READING	
18. DATE OF INTERVIEW	
19. DATE COMPLETED	
20. SUPERVISOR	
21. DATE CLEARED	

B. PERSONS LIVING IN THE HOME

	NAME	BIRTH DATE	AGE	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	SNAP RECIPIENT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

C. SIGNIFICANT PERSONS NOT LIVING IN THE HOME

	NAME	RELATIONSHIP OR SIGNIFICANCE	SOCIAL SECURITY NUMBER	ADDRESS	PHONE NUMBER	FINANCIAL SUPPORT
11						
12						
13						
14						
15						

D. REVIEW FINDINGS

ALLOTMENT _____

☐ AMOUNT CORRECT ☐ UNDERISSUANCE

☐ OVERISSUANCE ☐ INELIGIBLE

AMOUNT IN ERROR _____

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
110 AGE	**BASIC PROGRAM REQUIREMENTS (100)**		1 = No error 2 = Agency error 3 = Client error
111 STUDENT STATUS			1 = No error 2 = Agency error 3 = Client error
130 CITIZENSHIP AND NON-CITIZEN STATUS			1 = No error 2 = Agency error 3 = Client error
140 RESIDENCY			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
150 HOUSEHOLD COMPOSITION			1 = No error 2 = Agency error 3 = Client error
151 RECIPIENT DISQUALIFICATION			1 = No error 2 = Agency error 3 = Client error
WORK REQUIREMENTS 160 EMPLOYMENT & TRAINING PROGRAMS			1 = No error 2 = Agency error 3 = Client error
161 TIME LIMITED PARTICIPATION			1 = No error 2 = Agency error 3 = Client error
162 WORK REGISTRATION			1 = No error 2 = Agency error 3 = Client error
163 VOLUNTARY QUIT/REDUCING WORK EFFORT			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
164 WORKFARE AND COMPARABLE WORKFARE			1 = No error 2 = Agency error 3 = Client error
165 EMPLOYMENT STATUS/JOB AVAILABILITY			1 = No error 2 = Agency error 3 = Client error
166 ACCEPTANCE OF EMPLOYMENT			1 = No error 2 = Agency error 3 = Client error
170 SOCIAL SECURITY NUMBER			1 = No error 2 = Agency error 3 = Client error
LIQUID RESOURCES 211 BANK ACCOUNTS OR CASH ON HAND		**RESOURCES (200)**	1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
212 NONRECURRING LUMP-SUM PAYMENTS			1 = No error 2 = Agency error 3 = Client error
213 OTHER LIQUID ASSETS			1 = No error 2 = Agency error 3 = Client error
NON-LIQUID RESOURCES 221 REAL PROPERTY			1 = No error 2 = Agency error 3 = Client error
222 VEHICLE			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
224 OTHER NON-LIQUID RESOURCES			1 = No error 2 = Agency error 3 = Client error
225 COMBINED RESOURCES			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
EARNED INCOME	**INCOME (300)**		1 = No error 2 = Agency error 3 = Client error
311 WAGES AND SALARIES			
312 SELF-EMPLOYMENT			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
314 OTHER EARNED INCOME			1 = No error 2 = Agency error 3 = Client error
EARNED INCOME DEDUCTIONS 321 EARNED INCOME DEDUCTIONS			1 = No error 2 = Agency error 3 = Client error
323 DEPENDENT CARE DEDUCTIONS			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
UNEARNED INCOME			
331 RSDI BENEFITS			1 = No error 2 = Agency error 3 = Client error
332 VETERANS BENEFITS			1 = No error 2 = Agency error 3 = Client error
333 SSI AND/OR STATE SSI SUPPLEMENT			1 = No error 2 = Agency error 3 = Client error
334 UNEMPLOYMENT COMPENSATION			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
335 WORKER'S COMPENSATION			1 = No error 2 = Agency error 3 = Client error
336 OTHER GOVERNMENT BENEFITS			1 = No error 2 = Agency error 3 = Client error
342 CONTRIBUTIONS			1 = No error 2 = Agency error 3 = Client error
343 DEEMED INCOME			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
344 TANF, PA or GA			1 = No error 2 = Agency error 3 = Client error
345 EDUCATIONAL GRANTS/ SCHOLARSHIPS/LOANS			1 = No error 2 = Agency error 3 = Client error
346 OTHER UNEARNED INCOME			1 = No error 2 = Agency error 3 = Client error
350 CHILD SUPPORT PAYMENTS RECEIVED FROM ABSENT PARENT			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
OTHER DEDUCTIONS 361 STANDARD DEDUCTION			1 = No error 2 = Agency error 3 = Client error
363 SHELTER DEDUCTION			1 = No error 2 = Agency error 3 = Client error
364 STANDARD UTILITY ALLOWANCE			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
365 MEDICAL DEDUCTION			1 = No error 2 = Agency error 3 = Client error
366 CHILD SUPPORT PAYMENT DEDUCTION			1 = No error 2 = Agency error 3 = Client error
371 COMBINED GROSS INCOME			1 = No error 2 = Agency error 3 = Client error
372 COMBINED NET INCOME			1 = No error 2 = Agency error 3 = Client error

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION REVIEW NO. _____

ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE	QC ANALYSIS OF CASE RECORD (Pertinent facts, sources of verification, reliability, gaps or deficiencies)	FINDINGS OF FIELD INVESTIGATION (Facts obtained, verification and substantiation, nature of errors)	RESULTS
(1)	(2)	(3)	(4)
520 ARITHMETIC COMPUTATION			1 = No error 2 = Agency error 3 = Client error
530 TRANSITIONAL BENEFITS			1 = No error 2 = Agency error 3 = Client error
560 REPORTING SYSTEM			1 = No error 2 = Agency error 3 = Client error
810 SNAP SIMPLIFICATION PROJECT			1 = No error 2 = Agency error 3 = Client error
820 DEMONSTRATION PROJECTS			1 = No error 2 = Agency error 3 = Client error

QUALITY CONTROL COMPUTATION SHEET

	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMIN-ATION (2)	(3)	(4)	(5)
Wages, salaries, Federal workstudy minus allowable expenses, or other income from employment. (Do not count excluded income)					
Member : Source					
:					
:					
:					
1. Add Line K from Self-Employment addendum sheet (if applicable) and all earned income listed above.					
Educational grants, scholarships, or loans (except Federal workstudy)					
2. Enter monthly income received from educational grants, etc..					
3. Enter monthly tuition and mandatory fees and other allowable expenses.					
4. Subtract 3 from 2.					
5. Add lines 1 and 4.					
Unearned income (Do not count excluded income)					
:					
:					
:					
6. Total unearned income.					
Gross monthly income					
7. Add lines 5 and 6.					
8. Enter net loss from line K, if applicable.					
9. Subtract line 8 from 7. (Result is gross monthly income.)					
10. Enter appropriate gross income eligibility limit.					
Go to line 11 only if: - line 9 is less than or equal to line 10; or - household contains an elderly/disabled member; or - household is categorically eligible for SNAP Benefits.					
DEDUCTIONS: (Other than shelter)					
11. Multiply line 1 by 20% and enter result here.					
12. Subtract 11 from 9.					
13. Enter standard deduction.					
14. Subtract line 13 from 12.					
15. Enter medical costs over limit for household with elderly/disabled member.					
16. Subtract line 15 from 14.					
17. Enter dependent care costs (not to exceed authorized limit).					
18. Subtract line 17 from 16.					
19. Enter child support.					
20. Subtract line 19 from 18.					

QUALITY CONTROL COMPUTATION SHEET

	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMIN-ATION (2)	(3)	(4)	(5)
21. Enter homeless shelter deduction, if applicable.					
22. Subtract 21 from 20.					
23. If household had shelter costs, and did not receive a homeless shelter deduction divide line 22 by 2.					
SHELTER COSTS: (Use either the utility standard or the actual cost of each utility bill.)					
Rent or mortgage					
Taxes and insurance					
Total utility standard					
Telephone (Basic rate)					
Electric					
Gas					
Oil					
Water and Sewage					
Garbage and trash					
Installation of utilities					
Other					
24. Total shelter costs					
25. Enter amount from line 23.					
26. Subtract line 25 from 24 (Result equals excess shelter costs).					
27. If no elderly/disabled member, enter the maximum limit for the shelter deduction.					
NET MONTHLY INCOME					
28. Enter amount from line 20 (income after all deductions except shelter)					
29. If elderly/disabled member, enter line 26. For all other households, enter amount from line 26 or 27, whichever is less.					
30. Subtract line 29 from 28. (Result equals net monthly income.)					
31. Enter appropriate net income eligibility limit.					
Go to line 32 only if: -- Line 30 is less than or equal to line 31; OR -- all members of the HH are categorically eligible.					
ALLOTMENT LEVEL					
32. Enter Thrifty Food Plan for household size.					
33 Multiply line 30 by 30% and enter result here.					
34. Subtract line 33 from 32; (prorating or applying minimum allotment if required.)					

QUALITY CONTROL
COMPUTATION SHEET
SELF-EMPLOYMENT ADDENDUM

FOR HOUSEHOLDS WITH SELF-EMPLOYMENT I INCOME: START AT STEP A AND WORK THROUGH STEP K. DO THE STEPS IN ORDER. IF A NEGATIVE NUMBER RESULTS AFTER SUBTRACTING TWO NUMBERS, INSERT ZERO, EXCEPT LINES O, J, AND K.	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMIN-ATION (2)	(3)	(4)	(5)
FARM SELF-EMPLOYMENT INCOME					
HOUSEHOLD MEMBERS : SOURCE					
:					
:					
A. Total monthly gross farm self-employment income					
B. Enter monthly farm business costs					
SUBTRACT LINE B FROM LINE A, AND:					
C. If gross income exceeds costs enter figure here as not farm gain.					
D. If business costs exceed gross income, enter figure here as net farm gain.					
SELF-EMPLOYMENT INCOME OTHER THAN FARMING (Include room and board payments)					
:					
:					
:					
E. Total monthly gross self-employment income other than farming.					
F. Enter monthly farm self-employment income from line C (If Applicable)					
G. Add lines E and F. (Result is total self-employment income.)					
H. Enter monthly business cost other than farming.					
I. Subtract line H from G. (Result is net monthly self-employment income before taxes; (If Less Than O, Enter 0.)					
J. Enter net farm loss from line D (If none, enter 0)					
K. Subtract line J from I. Enter as a positive number, a negative number or 0.					

If line K shows a net gain, add to wages and salaries on line 1 and enter 0 on line 8 of the Computation Sheet.

If Line K shows a net loss, enter amount on line 8 of the Computation Sheet and make no entry for self-employed income on line 1.

INSTRUCTIONS FOR COMPLETING FORM FNS-380, THE WORKSHEET FOR SNAP PROGRAM QUALITY CONTROL REVIEWS

GENERAL

The standard worksheet appears in this Handbook in Appendix B. The automated worksheet may be downloaded from the USDA SNAP Quality Control homepage at the following address: http://www.fns.usda.gov/snap/qc/default.htm. The users manual for the automated worksheet follows the FNS 380 form and the instructions for filling in the form.

Some States have designed their own worksheet for SNAP's Quality Control (QC) reviews. These States must submit for approval their designed worksheets to the FNS regional office (RO). The worksheet will be reviewed and States will then be notified of the decision.

FACESHEET – PAGE 1 (FNS-380)

This is page one of the Worksheet for SNAP Quality Control reviews. There are four sections:

- Section A, is for identifying information and tracking information about the QC review.
- Section B, lists persons living in the home.
- Section C, lists significant persons not living in the home.
- Section D, is a summary of the review findings.

SECTION A – IDENTIFYING INFORMATION

1. **Agency** - Enter name of local agency.
2. **Case Name** - Enter the name of the recipient by which the case is identified.
3. **Address** - Enter the complete address at which the recipient resides.
4. **Telephone Number** - Enter the telephone number at which the recipient can be reached.
5. **Directions to Locate** - Enter the directions to the address where the recipient resides. (This is particularly significant where the mailing address is a post office box number or rural route number.)
6. **Case Number** - Enter the number assigned by the local agency to identify the household that was certified.
7. **Review Number** - Enter the number assigned to the Quality Control Review.
8. **Review Date/Month** - Enter month, day, and year for which case eligibility and benefit level were reviewed.
9. **Reserved** - Leave blank.
10. **Most Recent Action: Date and Type** - Enter the effective date (month, day, and year) of the most recent certification or recertification action prior to or concurrent with the review date. This date cannot be prior to the start of the most recent certification period.

    - A ***certification*** means the first time a case has been certified or a certification action following a break in participation.

    - A ***recertification*** means the initial certification period has expired and the agency has (a) completed a reexamination of all factors of eligibility subject to change following a period of time during which the recipient has been determined eligible and (b) made a decision to continue eligibility.

11. **Certification Period** - Enter the period for which the case was certified.
12. **Participated During Sample Month** - Check (√) the appropriate box to indicate if the household participated during the sample month.
13. **Received Expedited Service** - Check (√) the appropriate box to indicate if the household was certified using expedited service procedures.
14. **Categorically Eligible Household** - Check (√) the appropriate box to indicate whether the household was categorically eligible.
15. **Reviewer** - Enter the name of the QC reviewer conducting the review and/or the reviewer's identification number.

16. Date Assigned - Enter the month, day and year the sample case was received by the QC reviewer.

17. Date of Case Readings - Enter the month, day and year the QC reviewer read the local office record of the recipient.

18. Date of Personal Interview - Enter the month, day and year a personal interview was held with the recipient.

19. Date Completed - Enter the month, day and year the Quality Control review was completed.

20. Supervisor - Enter the name of the QC reviewer's supervisor(s).

21. Date Cleared - Enter the month, day and year the review was cleared by the supervisor for statistical processing.

SECTION B – PERSONS LIVING IN THE HOME

Name - Enter the names of all persons living in the household. These would include the recipient, and both related and unrelated persons, including roomers and boarders. The first person listed should be the head of the household.

If additional space is needed, use the reverse side of the facesheet. For additional space on the automated worksheet, press enter on the button labeled "Click for more HH members".

Birth Date - Enter the birth dates of all persons listed as members of the SNAP household.

Age - Enter the age of all persons listed as members of the SNAP household.

Relationship or Significance - Enter letters to show the relationship of the household members to the head of the household such as:

- SP - spouse
- S - son
- D - daughter
- GS - grandson
- N - niece
- FR - friend, etc.

Note: If the person is not included in the SNAP household under review but is a SNAP recipient indicate the case number under which he/she is receiving SNAP benefits.

Social Security - Enter the social security number of each household member. Enter "unknown" if the number cannot be determined from the case record or field investigation. Enter "none" if it is known that the household member never had a social security number.

Recipient - Indicate whether the agency included this person in the sampled household.

SECTION C – SIGNIFICANT PERSONS NOT LIVING IN THE HOME

Name - Enter the names of all persons, including responsible relatives not residing in the household, living or dead, who are of significance to the members of the SNAP benefit household. This includes all absent parents (and alleged parents) of children in the household whether or not they are known to contribute to the person's support.

If the identity of the absent parent of a member of the household listed in Section B is unknown write "father/mother unknown" in this column and indicate the line number of the member in Section B.

Relationship or Significance - Enter the relationship of each person to the member of the household listed in Section B, and identify by line number, the individual to whom the relationship pertains.

Social Security Number - Enter the social security number (SSN), if known, of persons listed in this section.

- Enter "unknown" if the number cannot be determined from the case record or field investigation.
- Enter "none" if it is known that the person never had a SSN.

Address - Enter the address of each person listed. If the address cannot be determined either from the case record or from the field investigation enter "unknown".

Phone Number - Enter the telephone number of each person listed.

Financial Support - Check (√) this box for any person who provided financial support to a member of the SNAP benefit household during the budget or review month.

SECTION D – REVIEW FINDINGS

This section provides a brief summary of the review findings. Enter the allotment amount authorized for the review month. (See section 232.) Check (√) the box that corresponds to the findings of the review of the case. If an error exists, enter the amount of the error.

WORKSHEET NARRATIVE- PAGES 2 THROUGH 14 (FNS-380)

GENERAL INSTRUCTIONS

Use the remaining portion of the worksheet to document each step of the independent full-field investigation and to evaluate each step in determining eligibility and appropriate benefit level. Record the facts sufficiently to establish the basis on which the decision was made on each element.

COLUMN 1, ELEMENTS OF ELIGIBILITY AND BASIS OF ISSUANCE

Listed are a number of elements associated with eligibility and benefit level. Definitions of these elements and verification requirements are found in Chapters 8 through 11. States may add, under each area, any additional State eligibility requirements not included herein.

COLUMN 2, QC ANALYSIS OF CASE RECORD

Use this column to record documentation contained in the case record and to assist in planning for the field investigation. Enter details of recorded information that need not be reverified in this column. Note any pertinent facts; also record whether anything is questionable about the information. Identify questions that pertain to some but not all persons in the family. Indicate any of the following: conflicts in information recorded, factors subject to change, reliability of information recorded, reliability of source used, and missing information.

Use this column selectively to highlight other points to be considered when conducting the field investigation or to remind you of the case situation.

COLUMN 3, FINDINGS OF FIELD INVESTIGATION

Record the results of the field investigation. Information in this column provides the basis for completing the review findings and detailed error finding portions of the QC Review Schedule. The QC review is a review of the validity of the case at a given point in time in accordance with the provisions of Federal law, regulations, and implementing memoranda. Therefore, the entries in this column will relate to the facts of the situation affecting eligibility as of the review date even though the specific findings may or may not constitute a case error.

Answer any questions raised in Column 2 in this section. Entries such as “correct”, “verified”, and “OK” do not constitute adequate information. Document the specific sources used as verification or any attempts to verify the element for all applicable elements of eligibility and basis of issuance. Information must be provided in sufficient detail for anyone reviewing the case at a later time to clearly understand the conclusions on each element and the final conclusions on the case.

Where there are eligibility or basis of issuance variances based on circumstances as of the review date, record the date the variances first occurred.

COLUMN 4, RESULTS

Complete each element by circling one of the following to indicate the final decision:

1 = No error
2 = Agency error
3 = Client error

An agency error is defined as the failure of the agency to discharge its responsibilities in a proper and timely manner.

A client error is defined as the failure of the recipient, guardian, or authorized representative to provide correct information or to otherwise discharge his/her responsibility in a proper and timely manner.

Where both the agency and the client are responsible for the same error in an element the agency error takes precedence on the basis that the client’s failure would have been negated, and no discrepancy would have existed had the agency acted proper.

COMPUTATION SHEETS – PAGES 15 THROUGH 17 (FNS-380)

General Instructions

The computation sheets are to be used to document all completed active case reviews. The only exceptions are reviews of households that were ineligible for reasons other than income. Columns (1) and (2) are required to be completed, Columns (3), (4) and (5) are optional. Regardless of the use of Columns (3), (4), and (5), Columns (1) and (2) must be used as outlined below.

COLUMN 1, ELIGIBILITY WORKER

Column (1), record the figures that the eligibility worker used to compute the allotment for the sample month.

COLUMN 2, FINAL SAQC DETERMINATION

Column (2), record the final quality control determination figures based on the results of the review.

Note: If the household was ineligible because of gross or net income the reviewer may stop at the appropriate income line.

COLUMNS 3, 4, 5

Columns (3), (4), and (5) of the computation sheets are optional. They are included for the convenience of States and may be used for recording:

- Comparison I
- Comparison II
- Illustrating the impacts of individual variances
- Reflecting a retrospectively budgeted household's prospective eligibility
- Any other State identified purpose

Appendix C
SNAP FNS-380-1
Quality Control Review Schedule

Print

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

FNS Handbook 310 Form Approved OMB No. 0584-0299
Expiration Date: 07/31/2023

QUALITY CONTROL REVIEW SCHEDULE

Public reporting burden for this collection of information 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. **An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.** 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 Services, Office of Policy Support, Room 1014, Alexandria, VA 22032 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.

Section 1 - Review Summary

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

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

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	19. Occurrence b. Time Period
1									
2									
3									
4									
5									
6									
7									
8									

FORM FNS-380-1 (05-19) Previous Editions Obsolete
(RIN 0584-AE79)
6-10-22 (Change 2)

SBU C-2

Electronic Form Designed in AEM 6.4 Version
1

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)

32a. Vehicle

32b. Status 2nd 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 Member

46. Person Number	47. SNAP Participation	48. Relation to Head of HH	49. Age	50. Sex	51. Race	52. Citizen Status	53. Edu. Level	54. Employment Status	Hours	55. SNAP Work Reg.	56. SNAP E & T	57. ABAWD Status	58. Dependent Care Cost

You may record information on up to 16 individuals using additional pages.

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

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.

Section 7 - Optional For State Use

1.

2.

3.

4.

INSTRUCTIONS FOR COMPLETING FORM FNS 380-1, QUALITY CONTROL REVIEW SCHEDULE

GENERAL INFORMATION

The Quality Control Review Schedule (QCRS) is the data entry form to record the results of SNAP Quality Control reviews.

The schedule consists of seven sections:

1 - Review Summary
2 - Detailed Error Findings
3 - Household Characteristics
4 - Information on Each Household Member
5 - Income Identified by Household Member
6 - Reserved Coding
7 - Optional - For State Systems Only

All entries in the QCRS are dollar amounts, dates, or numeric codes.

Dates - Use six or eight-digit numbers as the entry requires. For example, October 3, 2003 would be coded: 1 0 0 3 2 0 0 3

The October sample month would be coded: 1 0 2 0 0 3

Dollar Amounts - Round all dollar amounts to the nearest dollar; leading zeros are not required. For example, $165.00 is entered: 0 1 6 5

Not Applicable - If an item does not apply to the case reviewed, leave the applicable boxes blank: | | | | | | |

Unknown - If an item is known to exist but the specific amount is not known, fill in all boxes for that item with 9's: 9 9 9 9

If no information is available or if the item does not apply to the household, leave the boxes blank. Do not enter zeros to indicate no information.

Stratum - States with stratified samples should submit to the FNS regional office a listing of the numeric codes utilized to identify stratum. Stratum codes are assigned by the State agency when the sample is stratified. If stratum codes are not used, leave blank or enter other identifying information at State option.

Local Agency Code - This code is used to group data by county or county equivalent or smaller areas. The system requires a three-digit code.
The State may use Federal Information Processing Standards (FIPS) codes or use an alternative method to designate local agency. Once a State has selected a method, submit to the FNS regional office a listing of the local agencies and corresponding codes.

FIPS Codes - The National Institute of Standards and Technology has developed codes for classification of counties and county equivalents. These codes were devised by listing counties alphabetically and assigning sequentially odd integers; e.g., 001, 003, 005.

QUALITY CONTROL REVIEW SCHEDULE

SECTION 1 - REVIEW SUMMARY

This section records the final determination of the QC review. It is used to compute the States payment error rate.

1. **QC Review Number** - Enter the number assigned to the Quality Control review.

2. **Case Number** - Enter the number assigned by the local agency to the household that was certified and has been reviewed.

3. **State code -** Enter the two digit State code from the following list of codes of National Institute of Standards and Technology.

State Codes - National Institute of Standards and Technology

State	Code	State	Code
Alabama	01	Montana	30
Alaska	02	Nebraska	31
Arizona	04	Nevada	32
Arkansas	05	New Hampshire	33
California	06	New Jersey	34
Colorado	08	New Mexico	35
Connecticut	09	New York	36
Delaware	10	North Carolina	37
District of Columbia	11	North Dakota	38
Florida	12	Ohio	39
Georgia	13	Oklahoma	40
Guam	66	Oregon	41
Hawaii	15	Pennsylvania	42
Idaho	16	Rhode Island	44
Illinois	17	South Carolina	45
Indiana	18	South Dakota	46
Iowa	19	Tennessee	47
Kansas	20	Texas	48
Kentucky	21	Utah	49
Louisiana	22	Vermont	50
Maine	23	Virgin Islands	78
Maryland	24	Virginia	51
Massachusetts	25	Washington	53
Michigan	26	West Virginia	54
Minnesota	27	Wisconsin	55
Mississippi	28	Wyoming	56
Missouri	29		

4. **Local Agency Code** - Enter the three-digit code designating the local agency for this case.

5. **Sample Month and Year** - Enter the month and year for which the case eligibility and benefit level were reviewed.

6. **Stratum** - Enter the two-digit stratum codes if sampling is stratified. If not stratified enter a State optional code or leave blank.

7. **Disposition** - Enter one of the following codes:

1 - Complete
2 - Not subject to review
3 - Incomplete
4 - Case deselected

If codes 2, 3, or 4 are used, no further entries are required on the remainder of the review schedule **except** item 68, reserved code for Timeliness of Application Processing (Expedited and 30 Day Requirement).

8. **Review Findings** - Enter one of the following codes:

1 - Amount correct
2 - Overissuance
3 - Underissuance
4 - Ineligible

Enter actual finding regardless of whether it is below the error threshold. Do not complete sections 4 and 5 if code 4, ineligible, is used.

9. **SNAP Allotment Under Review** - Enter the authorized amount of SNAP subject to review for the sample month.

10. **Error Amount** - Enter the dollar amount of any identified error. The dollar amount of the error is the difference between the benefits the State authorized and the benefits the State should have authorized regardless of the error threshold. Use the lower error amount from comparison one or comparison two.

- For overissuance or underissuance errors, enter the actual error amount whether or not it exceeds $50.00.

- For ineligible errors, enter the full amount of the error.

11. Case Classification - Enter one of the following codes:

1 - Included in error rate calculation.
2 - Excluded from error rate calculation - processed by SSA worker.
3 - Excluded from error rate calculation, as designated by FNS (e.g. demo project, simplified SNAP).

SECTION 2 - DETAILED ERROR FINDINGS

This section provides for the detailed coding of each variance identified during the QC review. If additional lines are needed to code error findings, attach an additional page. Since the information recorded in this section is the basis for corrective actions, the accuracy of the information is important. If more than one variance is identified, the variance that the agency believes is most significant in leading to the error should be listed first.

12. Element - Enter the appropriate element number of the review for each variance identified.

13. Nature codes - Enter the appropriate code for the nature of each variance.

The following provides the element and nature codes to be used in items 12 and 13.

These nature codes may be used in any element:

Nature code (97) **-** Not required to be reported or acted upon based on timeframes and reporting requirements for allotment differences below the $50 threshold.

Nature code (98) **-** Transcription or computation errors.

Nature code (99) **-** Other. Use this nature code in the following situations:

a) If no specific nature code is listed under an element,
b) If the nature of the error is clearly understood by looking at the agency/client code recorded for the error, or
c) If none of the listed nature codes under an element apply to the error being recorded.

BASIC PROGRAM REQUIREMENTS - (100)

➢ Element 111 - Student Status

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

➢ Element 130 - Citizenship and Non-Citizen Status

Nature codes:

Citizens

6 - Eligible person(s) excluded
7 - Ineligible person(s) included
124 - Variance resulting from use of automatic Federal information exchange system

Non-Citizens

200 - Eligible non-citizen excluded
201 - Ineligible non-citizen included
124 - Variance resulting from use of automatic Federal information exchange system

➢ Element 140 - Residency

Nature codes:

99 - Other

➢ Element 150 - Household Composition

Note: Variances should be coded under this element if a person or persons are unreported or incorrectly reported, unprocessed or incorrectly processed, and these persons also have income, resources or deductible expenses, which must be considered in the error determination.

For example: the discovery of an unreported 62 year old with earned income, a bank account, and medical expenses would be recorded under Element 150 (Household Composition), not Elements 211 (Bank Accounts or Cash on Hand), 311 (Wages and Salaries), and 365 (Medical Deduction).

Variances should not be coded under this Element for persons with characteristics that are specifically addressed under other 100 Series Elements (Student Status through Social Security Number). For example: the discovery of an eligible non-citizen in the household who was improperly excluded would be coded under Element 130 (Citizenship and Non-Citizen Status), not under Element 150 (Household Composition).

Nature codes:

7 - Ineligible person(s) included
12 - Eligible person(s) with no income, resources, or deductible expenses excluded
13 - Eligible person(s) with income excluded
14 - Eligible person(s) with resources excluded
15 - Eligible person(s) with deductible expenses excluded
16 - Newborn infant improperly excluded

Element 151 - Recipient Disqualification

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 160 - Employment & Training Programs

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 161 - Time-limited Participation

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 162 - Work Registration Requirements

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 163 - Voluntary Quit/Reduced Work Effort

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 164 - Workfare and Comparable Workfare

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 165 - Employment Status/Job Availability

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 166 - Acceptance of Employment

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

Element 170 - Social Security Number

Nature codes:

6 - Eligible person(s) excluded
7 - Ineligible person(s) included

RESOURCES - (200)

Liquid Resources

🕓 Element 211 - Bank Accounts or Cash on Hand

Nature codes:

24 - Resource should have been excluded
30 - Resource should have been included

🕓 Element 212 - Nonrecurring Lump-sum Payment

Nature codes:

24 - Resource should have been excluded
30 - Resource should have been included

🕓 Element 213 - Other Liquid Assets

Nature codes:

24 - Resource should have been excluded
30 - Resource should have been included

Non-Liquid Resources

🕓 Element 221 - Real Property

Nature codes:

24 - Resource should have been excluded
30 - Resource should have been included

🕓 Element 222 - Vehicles

Nature codes:

24 - Resource should have been excluded
30 - Resource should have been included

🕓 Element 224 - Other Non-Liquid Resources

Nature codes:

24 - Resource should have been excluded
30 - Resource should have been included

🕓 Element 225 - Combined Resources

Nature codes:

20 - Incorrect resource limit applied
29 - Exceeds prescribed limit

INCOME (300)

Earned Income

🕓 Element 311 - Wages and Salaries

Nature codes:

32 - Failed to consider or incorrectly considered income of an ineligible member
35 - Unreported source of income (do not use for change in employment status)
36 - Rounding used/not used or incorrectly applied
38 - More income received from this source than budgeted
39 - Employment status changed from unemployed to employed
40 - Employment status changed from employed to unemployed
41 - Change only in amount of earnings
42 - Conversion to monthly amount not used or incorrectly applied
43 - Averaging not used or incorrectly applied
44 - Less income received from this source than budgeted
46 - Failed to consider/anticipate month with extra pay date
123 - Income incorrectly prorated

Element 312 - Self-Employment

Nature codes:

32 - Failed to consider or incorrectly considered income of an ineligible member
35 - Unreported source of income (do not use for change in employment status)
36 - Rounding used/not used or incorrectly applied
38 - More income received from this source than budgeted
39 - Employment status changed from unemployed to employed
40 - Employment status changed from employed to unemployed
41 - Change only in amount of earnings
42 - Conversion to monthly amount not used or incorrectly applied
43 - Averaging not used or incorrectly applied
44 - Less income received from this source than budgeted
45 - Cost of doing business not used or incorrectly applied

Element 314 - Other Earned Income

Nature codes:

32 - Failed to consider or incorrectly considered income of an ineligible member
35 - Unreported source of income (do not use for change in employment status)
36 - Rounding used/not used or incorrectly applied
38 - More income received from this source than budgeted
39 - Employment status changed from unemployed to employed
40 - Employment status changed from employed to unemployed
41 - Change only in amount of earnings
42 - Conversion to monthly amount not used or incorrectly applied
43 - Averaging not used or incorrectly applied
44 - Less income received from this source than budgeted
45 - Cost of doing business not used or incorrectly applied

Deductions

Element 321 - Earned Income Deductions

Nature codes:

52 - Deduction that should have been included was not
53 - Deduction included that should not have been

🕓 Element 323 - Dependent Care Deduction

Nature codes:

52 - Deduction that should have been included was not
53 - Deduction included that should not have been

Unearned Income

🕓 Element 331 - RSDI Benefits

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

🕓 Element 332 - Veterans Benefits

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

🕓 Element 333 - SSI and/or State SSI Supplement

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

Element 334 - Unemployment Compensation

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

Element 335 - Worker's Compensation

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

Element 336 - Other Government Benefits

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

Element 342 - Contributions

Note: Errors in Child Support Payments should not be recorded in this Element. See Element 350 (Child Support Payments Received from Absent Parent).

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted

44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

🕓 Element 343 - Deemed Income

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

🕓 Element 344 - TANF, PA, or GA

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
120 - Variance/errors resulting from noncompliance with this means-tested public assistance program
124 - Variance resulting from use of automatic Federal information exchange system

🕓 Element 345 - Educational Grants/Scholarships/Loans

Nature codes:

35 - Unknown source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
124 - Variance resulting from use of automatic Federal information exchange system

Element 346 - Other Unearned Income

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
120 - Variance/errors resulting from noncompliance with this means-tested public assistance program
124 - Variance resulting from use of automatic Federal information exchange system

Element 350 - Child Support Payments Received from Absent Parent

Nature codes:

35 - Unreported source of income
37 - All income from source was known but not included
38 - More income received from this source than budgeted
44 - Less income received from this source than budgeted
111 - Child support payment(s) not considered or incorrectly applied for initial month(s)of eligibility
112 - Retained child support payment(s) not considered or incorrectly applied
124 - Variance resulting from use of automatic Federal information exchange system
127 - Pass through not considered or incorrectly applied

Element 361 - Standard Deduction

Nature codes:

52 - Deduction that should have been included was not
53 - Deduction included that should not have been
65 - Incorrect standard used resulting from a change in household size

🕓 Element 363 - Shelter Deduction

Nature codes:

52 - Deduction that should have been included was not
53 - Deduction included that should not have been
64 - Incorrect amount used resulting from a change in residence
123 - Incorrectly prorated

🕓 Element 364 - Standard Utility Allowance

Nature codes:

52 - Deduction that should have been included was not
53 - Deduction included that should not have been
54 - Incorrect standard used (Not as a result of a change in household size or move)
64 - Incorrect amount used resulting from a change in residence
123 - Incorrectly prorated

🕓 Element 365 - Medical Deductions

Nature codes:

52 - Deduction that should have been included was not
53 - Deduction included that should not have been

🕓 Element 366 - Child Support Payment Deduction

Nature codes:

52 - Deduction that should have been included was not
53 - Deduction included that should not have been

🕓 Element 371 - Combined Gross Income

Nature codes:

28 - Incorrect income limit applied
29 - Exceeds prescribed limit

Element 372 - Combined Net Income

Nature codes:

28 - Incorrect income limit applied
29 - Exceeds prescribed limit

OTHER - (500 and 800)

Element 520 - Arithmetic Computation

Nature codes:

75 - Benefit/allotment/eligibility incorrectly computed
79 - Incorrect use of allotment tables
80 - Improper proration of initial month's benefits

Element 530 - Transitional Benefits

75 - Benefit/allotment/eligibility incorrectly computed
77 - Household not entitled to transitional benefits
99 - Other

Element 560 - Reporting Systems

Note: This element should be used to record errors resulting from the household being certified under an incorrect reporting system given the household's characteristics and the State agency's chosen options. Possible Reporting Systems include: Monthly Reporting, Quarterly Reporting, Semi-Annual Limited Reporting, Change Reporting, Status Reporting, 5 Hour Reporting and no reporting (transitional benefits).

Nature codes:

301 - Household improperly participating under retrospective budgeting
302 - Household improperly participating under prospective budgeting
303 - Household improperly participating under monthly reporting
304 - Household improperly participating under quarterly reporting
305 - Household improperly participating under semi-annual reporting
306 - Household improperly participating under change reporting

307 - Household improperly participating under status reporting
308 - Household improperly participating under 5 hour reporting
309 - Household improperly participating in transitional benefits

🕓 Element 810 - SNAP Simplification Project

Nature codes:

98 - Transcription or computation errors
99 - Other

🕓 Element 820 - Demonstration Projects

Nature codes:

98 - Transcription or computation errors
99 - Other

14. Cause - Enter one of the following codes to indicate the primary cause for each variance identified.

1 - Information not reported. (Client failed to report information or changes that are required to be reported. Use this code only if the State could not know this information from another source or could not have anticipated the change.)

2 - Incomplete or incorrect information provided. (Client provided information that is incorrect or incomplete and the agency was not required to verify.)

3 - Information withheld by client. (Case being referred for IPV investigation.)

4 - Incorrect information provided by client. (Case being referred for IPV investigation.)

7 - Information reported by a collateral contact inaccurate. (The agency acted upon information provided by a collateral contact, which was verified by QC to be inaccurate, i.e. the client's employer reported incorrect salary information.)

8 - Acted on incorrect Federal computer match information that was not required to be verified. (This variance is excluded from the error determination but must be recorded.)

10 - Policy incorrectly applied. (The agency used the wrong policy/incorrectly applied policy when determining eligibility or processing change information.)

12 - Reported information disregarded or not applied. (The agency failed to take action on information reported by the client or information that became known through some other source, such as non-federal match information.)

14 - Agency failed to follow up on inconsistent or incomplete information. (Information provided by the household or collateral source was inconsistent with other information in the case record or incomplete but the agency failed to request verification.)

15 - Agency failed to follow up on impending changes. (The agency failed to take follow up action on a change that was anticipated, i.e. unemployment ending within the certification period, pregnancy, etc.)

16 - Agency failed to verify required information. (The agency failed to use third party information or documentation to establish the accuracy of statements on the application or change report form which are required to be verified. If the agency is not required to verify reported information use code 2.)

17 - Computer programming error. (The agency eligibility system caused the error due to a programming related problem, i.e. an incorrect amount for standard deduction was programmed into the system, the agency authorized the use of workarounds to the computer system that resulted in an error, etc.)

18 - Data entry and/or coding error. (The agency made a data entry error when keying into the State/local agency eligibility system, includes selection of incorrect codes.)

19 - Mass Change. (The error was due to a problem with a computer generated mass change, i.e. mass change was run late or incorrectly updated the case.)

20 - Arithmetic computation. (The agency made an error in computation or transcription, which was not related to computer programming or data entry.)

21 - Computer user error. (The EW failed to use computer system properly or used an unauthorized process to work around the system.)

99 - Other. (Variance caused by the agency, which does not fall under any of the specific causes listed above.)

15. Error Finding - (Optional). This item provides a means for reviewers to identify the impact of individual variances. If only one variance is recorded for an error case, the error finding code for this item and item 8, finding, should be the same. Enter the appropriate code for each variance:

2 - Overissuance
3 - Underissuance
4 - Ineligible

16. Error Amount - (Optional) Compute and enter the dollar amount of each separate variance. If one variance is coded, then the amount in this item should be the same as the error amount in item 10. If more than one variance is coded, the agency may use the optional guidance provided in Chapter 12 or use State developed procedures for assigning dollar amounts. Some agencies find this calculation helpful as an aid in prioritizing error causes for corrective actions.

17. Discovery - Enter one of the following codes to indicate how the variance was discovered:

1 - Variance clearly identified from case record: documentation is not from an automated match
2 - Variance clearly identified from case record: documentation is from an automated match
3 - Variance discovered from recipient interview
4 - Employer (present or former)
5 - Financial institution, insurance company, or other business
6 - Landlord
7 - Government agency or public records, not automated match
8 - Government agency or public records, automated match
9 - Other

18. Verified - Enter one of the following codes to indicate how the variance was verified:

1 - From case record: verification is not from an automated match
2 - From case record: verification is from an automated matcho
3 - From information provided by recipient
4 - Employer (present or former)
5 - Financial institution, insurance company, or other business
6 - Landlord
7 - Government agency or public records, not automated match
8 - Government agency or public records, automated match (may not apply to tax information)
9 - Other

19. Occurrence - Complete the following for each variance:

a. Date - Enter the date (month and year) the variance occurred.

b. Time Period - Enter the appropriate code to indicate the time period during which the variance occurred.

1 - Before most recent action by agency (The most recent action would be either a certification or a recertification.)
2 - At time of most recent action by agency
3 - After the most recent action by agency
9 - Time of occurrence cannot be determined

SECTION 3 - HOUSEHOLD CHARACTERISTICS

This section collects information about the household's processing and specifics about resources, income, and deductions that were the basis of their SNAP benefits.

Some specific items come from the case record (Items 20-24, and 26-27). These items are: most recent action, type of action, length of certification period, allotment adjustment, amount of adjustment, receipt of expedited service, and authorized representative.

For all other items use information from the final QC determination.

20. Most Recent Certification Action - Enter the effective date (month, day and year) of the most recent certification or recertification action prior to or concurrent with the review date. This date cannot be prior to the start of the most recent certification period and should be in the case record.

21. Type of Action - Based on information in the case record, indicate the type of action by entering one of the following codes:

1 - Certification
2 - Recertification

Certification means the first time a case has been certified or a certification action following a break in participation.

Recertification means the initial certification period has expired and the agency has (a) completed a reexamination of all factors of eligibility subject to change following a period of time during which the recipient has been determined eligible and (b) made a decision to continue eligibility.

22. Length of Certification Period - Enter the number of months the household was certified to participate during the current certification or recertification. For households that are participating in months for which
they have not been certified enter the code 98. This information should be found in the case record.

23. Allotment Adjustment - This item records whether there was any adjustment from the standard amount for the household size and income level of the household. Proration is providing less than a full month's allotment due to the date of application or receipt of verification. Other adjustments include claims recoupment, sanctions, and adjustments for failure to comply with other means tested programs. Supplements included in the allotment are not considered as allotment adjustments for this item.

Enter the code that indicates whether or not the allotment was adjusted or prorated. If more than one adjustment was made, enter the code for the adjustment with the greatest impact on the SNAP allotment. Supplements included in the allotment are not considered as allotment adjustments for this item.

1 - No adjustment
2 - Prorated benefit
3 - Other adjustment

24. Amount of Allotment Adjustment - Enter the amount of the allotment adjustment from the record. If more than one adjustment was applied, enter the total amount of the difference between the allotment for the household size and income of the household and the amount the household actually received. If item 23 is coded 1, no adjustment, leave this item blank. Enter 9 if the amount of adjustment is unknown.

25. Number of Household Members - Enter the number of person(s) determined to be a part of the SNAP household and eligible to receive benefits based on the final QC determination. Include persons who <u>should</u> have been in the household but were not in the State's original determination. Do not include persons whose income/resources are considered but are not receiving SNAP benefits or SNAP household members who have been disqualified from the program. If the household was ineligible for benefits, enter zero.

26. Receipt of Expedited Service - Using information from the case record, enter the appropriate code for the household's entitlement to expedited service at the most recent certification in effect at the time of the sample month:

1 - Entitled to expedited service and received benefits within the Federal timeframe.
2 - Entitled to expedited service but did not receive benefits within the Federal timeframe.
3 - Not entitled to expedited service.

27. Authorized Representative Used at Application - Enter the appropriate code using information from the case record. An authorized representative is a responsible adult designated by the household, in writing, to apply for benefits on behalf of the household. Did an authorized representative make application for the household?

1 - Yes
2 - No

28. Categorical Eligibility Status - Was the household categorically eligible for benefits based on the final QC determination?

1 - Yes
2 - No

29. Reporting Requirement - Select the code that describes the reporting system used to certify the household. If the household was certified under six month reporting enter code "6", simplified reporting (also called six month reporting or semiannual reporting), even if QC determined that the appropriate reporting system should have been something else.

1 - Change Reporting with $100 change in earned income
2 - Change Reporting with change of wage rate, salary, or change in employment status
3 - 5-Hour change in hours worked and expected to continue over a month
4 - Simplified Reporting (exceeding 130% of income poverty guidelines)
5 - Quarterly Reporting
6 - Simplified Monthly Reporting
7 - Transitional benefits (no reporting requirement)

8 - Transitional benefits (reporting requirements)
9 - Other
10 - Reserved

Resources:

30. Liquid Assets - Enter the dollar value of liquid assets such as cash on hand, checking and savings accounts, money market accounts, stocks, bonds, income tax refunds using information from the final QC determination. For amounts greater than $99,998 enter the code 99998. When there is an indication that a resource type was present but that amount is unknown, enter the code 99999. If an approximate amount is known, enter that amount.

31. Real Property (Excluding Home) - Enter the dollar value of land and buildings owned, excluding the primary residence using information from the final QC determination. For amounts greater than $99,998 enter the code 99998. When there is an indication that a resource type was present but that amount is unknown, enter the code 99999. If an approximate amount is known, enter that amount.

32(a). Vehicle - Code information on up to two vehicles in items (a) and (b). Use information from the final QC determination. Vehicles should be entered in descending order based on the fair market value.

1 - No vehicles
2 - Vehicle exempt because used for producing income, as a home, to transport a physically disabled member, for long distance travel (other than commuting), or to carry fuel or water.
3 - Vehicle exempt because inaccessible resource (equity value is $1,500 or less)
4 - Vehicle exempt due to categorical eligibility
5 - Vehicle excluded under State TANF standard (vehicle of non-categorically eligible household members only)
6 - Vehicle is registered and is attributable to an adult household member or is used by a person under 18 for employment or education (subject to fair market value only)
7 - Vehicle not registered (equity test only)
8 - Vehicle is not excluded and is not included in code 6 (subject to fair market value or equity test, whichever is greater)

32(b). Status 2nd Vehicle - Use the codes 2 through 8 from 32(a).

33. Countable Vehicle Assets - Record that portion of a vehicle's value counted toward the household's resource limit using information from the final QC determination.

34. Other Non-liquid Assets - Enter the dollar value of non-liquid assets such as boats and trailers using information from the final QC determination. For amounts greater than $99,998 enter the code 99998. When there is an indication that a resource type was present but that amount is unknown, enter the code 99999. If an approximate amount is known, enter that amount.

Income:

35. Gross Countable Income - Enter the countable gross monthly income of the SNAP household before applying any deductions to the income from the final QC determination. Enter all countable income. Include prorated amounts from ineligible household members.

36. Net Countable Income - Enter the countable net monthly income from the final QC determination used to compute the amount of the SNAP allotment for the sample month after application of all appropriate deductions.

Deductions:

37. Earned Income - Enter the amount of the earned income deduction that the household was eligible to receive based on the final QC determination.

38. Medical - Enter the amount of the allowable medical expenses for elderly and disabled household members based on the final QC determination.

Do not record the value of the allowable medical deduction ($35). Enter those medical expenses in excess of $35 per month.

For example, if a household was billed $100 for medical expenses, enter $65 ($100 minus the medical deduction of $35).

39. Dependent Care - Enter the total dependent care deduction to which the household was entitled based on the final QC determination.

40. Child Support - Enter the dollar value of the child support payment deduction from the final QC determination.

41. Shelter - Enter the dollar value of the shelter deduction from the final QC determination.

42. Homeless - Select the code that applies to this household based on the final QC determination.

1 - Not homeless
2 - Homeless, not receiving homeless shelter allowance
3 - Homeless, receiving homeless shelter allowance

Additional Information on Shelter Costs:

43. Rent/Mortgage - Enter the amount the household was billed for rent/mortgage from the final QC determination. Include taxes, insurance, condo fees and homeowner association fees.

44. Use of SUA - This entry has two boxes that are used to collect different information about the SUA. Do not complete 44(b) if 44(a) is coded 1.

a. Usage - Enter the code which describes usage and entitlement to the SUA based on the final QC determination:

1 - No utilities and no LIHEAA
2 - Uses actual expenses
3 - Uses higher standard based on LIHEAA
4 - Uses higher standard and does not receive LIHEAA
5 - Uses lower standard
6 - Uses phone only standard
7 - Uses individual standards
9 - Other

LIHEAA is the Low Income Home Energy Assistance Act, your State program may have another name such as Home Energy Assistance Program (HEAP)

Higher Standard is an SUA based upon receipt of heating or cooling and includes all utilities

Lower Standard is an SUA based upon all utilities but is for households who do not incur heating or cooling or receive LIHEAA.

b. Proration - Select the code that identifies whether the SUA amount was prorated (e.g. prorated among non-household members of the residence).

1 - Not prorated
2 - Prorated

45. Utilities (SUA or Actual) - This item should be completed for all cases. For households using actual utility expenses, enter the actual amount that was billed for all utilities (gas, water, phone, electric, etc.) based on the final QC determination. For households using an SUA, enter the amount of the SUA that was used, based on the final QC determination. Enter $0 if there were no utility expenses.

SECTION 4 - INFORMATION ON EACH HOUSEHOLD MEMBER

Complete the following section, using information from the final QC determination, for eligible SNAP households. Enter information on each household member, including individuals whose income and resources were considered in establishing SNAP benefit level. If the number of household members exceeds the number of lines available, attach an additional page to allow for coding detailed person-level information on all SNAP household members. You may currently enter information on up to 16 individuals on the automated system, but you may record information on all household members using the paper form. If the entire household is ineligible do not enter any information in this section.

For disqualified or ineligible SNAP household members, items 46, 47, 48, and 58, if applicable, (person number, SNAP program participation, relationship to head of household, and dependent care costs) of this section must be completed. Information on income for these members must also be recorded in Section 5. For disqualified or ineligible members, the rest of the information in this section should be completed based on information known through observation or available in the case record.

NOTE: Do not enter zeros in items 48, 50-52, and 54-58 (Relationship to Head of Household, Sex, Race, Citizenship Status, Employment Status, Work Registration, Employment and Training Program Status, ABAWD Status, and Dependent Care Cost).

46. Person Number - Assign and enter a number for each SNAP household member (1, 2, etc.). This will include ineligible SNAP household members whose resources and income are considered in the eligibility determination. Use this assigned number to identify household members with income in Section 5. Code the head of the household as person 1.

47. SNAP Program Participation - For each person indicate his/her eligibility or ineligibility for participation in the SNAP (i.e., either eligible for participation and entitled to benefits or a reason for ineligibility. For ineligible non-citizens, whether they participate in a State funded SNAP).

1 - Eligible member of SNAP case under review and entitled to receive benefits
2 - Reserved
3 - Reserved
4 - Member is an ineligible non-citizen and is not participating in a State funded SNAP
5 - Member not paying/cooperating with Child Support agency
6 - Member is an ineligible striker
7 - Member is an ineligible student
8 - Member is disqualified for program violation
9 - Member is ineligible to participate due to disqualification for failure to meet work requirements (work registration, E&T, acceptance of employment, employment status/job availability, voluntary quit/reducing work effort, workfare/comparable and workfare).
10 - ABAWD time limit exhausted and the ABAWD is ineligible to participate due to failure to meet the work requirement at 7 CFR 273.24(a)(1). The work requirement can be met by doing any of the following: work at least 80 hours per month; work and participate in a qualifying work program for a total of at least 80 hours per month; or, participate in workfare.
11 - Fleeing felon or parole and probation violator
12 - Reserved
13 - Convicted drug felon
14 - Social Security Number disqualified
15 - SSI recipient in California.
16 - Prisoner in detention center
17 - Foster care
18 - Member is an ineligible non-citizen and is participating in a State-funded SNAP Program.
99 - Unknown

48. Relationship to Head of Household - Enter the code that shows the relationship (including by marriage) of the person indicated in item 46 (person number) to the head of the household, as defined by the SNAP Program from final QC determination.

1 - Head of household
2 - Spouse
3 - Parent
4 - Daughter, stepdaughter, son, stepson
5 - Other related person (brother, sister, niece, nephew, grandchild, great-grandchild, cousin)
6 - Foster Child
7 - Unrelated person

49. Age - Enter the age (in years) from the final QC determination, of each household member. For children less than 1 year old, enter 0. For persons 98 and older enter 98. If exact age is unknown, enter the best available information.

50. Sex - Enter the appropriate code:

1 - Male
2 - Female

51. Race - Enter the race of each person living in the household.

This is to collect racial and ethnic data as required by the changes brought about by the May 18, 2006 regulation SNAP: Civil Rights Data Collection and to identify how to collect the information until the entire caseload has been converted to the new requirement. The change to the new format may be done voluntarily at this time but is required for all new applications and recertifications effective April 1, 2007. Under this scenario QC reviewers will be recording the racial/ethnic data in the new format as soon as available and will be collecting the old format from now through April 2009.

New format: Use codes 1 through 22 to record information if it has been collected in the new format.

Old format: Use codes 30 through 34 and 99 if the data is in the old format.

We expect the information will continue to be in the old format for most cases

until there are new applications and recertification after April 1, 2007. Due to the way that recertifications are scheduled, cases will continue to have the old format until their certification periods expire in the year following for most cases and 2 years for those elderly cases with 24 month certification periods. This will mean that all cases will be in the new format on April 1, 2009.

Under the rules for the new format, applicants are asked to voluntarily fill out ethnicity and race on their applications. Eligibility workers identify information for the applicant when they have not voluntarily filled out the information. QC reviewers are to collect only the information that has been recorded on the application.

New Format

Information Not Available

1 - The application was not found during the QC review therefore racial/ethnic data is not available.
2 - Not recorded on the application for this individual.

Not Hispanic or Latino

3 - American Indian or Alaska Native
4 - Asian
5 - Black or African American
6 - Native Hawaiian or other Pacific Islander
7 - White

Multiple races reported

8 - (American Indian or Alaska Native) and White
9 - Asian and White
10 - (Black or African American) and White
11 - (American Indian or Alaska Native) and (Black or African American)
12 - Respondent reported more than one race and does not fit into the above categories (code 8 through 11)

Hispanic or Latino

13 - (Hispanic or Latino) and (American Indian or Alaska Native)
14 - (Hispanic or Latino) and Asian
15 - (Hispanic or Latino) and (Black or African American)
16 - (Hispanic or Latino) and (Native Hawaiian or Other Pacific Islander)
17 - (Hispanic or Latino) and White

Multiple races reported

18 - (Hispanic or Latino) and (American Indian or Alaska Native) and White
19 - (Hispanic or Latino) and Asian and White
20 - (Hispanic or Latino) and (Black or African American) and White
21 - (Hispanic or Latino) and (American Indian or Alaska Native) and (Black or African American)
22 - (Hispanic or Latino) and Respondent reported more than one race and does not fit into the above categories (code 18 through 21)

Old Format

These codes are for the recording of race based upon the older data collection requirements for those cases where the new format has not yet been collected. Remember racial and ethnic data must be collected in the new format for all new applications and recertifications above beginning April 1, 2007. Under the old data collection reviewers identify the racial/ethnic category of the members of the household as they can by either asking the person being interviewed or through personal observation.

Racial/Ethnic Data Not Collected in the New Format

30 - White, not of Hispanic origin
31 - Black, not of Hispanic origin
32 - Hispanic
33 - Asian or Pacific Islander (Oriental)
34 - American Indian or Alaskan Native
99 - Unknown

52. Citizenship Status - Enter the appropriate code.

1 - U.S. born citizen
2 - Naturalized Citizen

3 - Legal permanent resident with 40 quarters, military service, five years legal United States residency, disability, or under 18 years of age.
4 - Reserved
5 - Person admitted as refugee, granted asylum or given a stay of deportation.
6 - Other eligible non-citizen
7 - Non-citizen legally in US who does not meet one of the above codes and who is not receiving SNAP but whose income and resources must be considered in determining benefits
8 - Other ineligible legal non-citizen (e.g. visitor, tourist, student, diplomat)
9 - Undocumented non-citizen
10 - Non-citizen, status unknown
99 - Unknown

53. Educational Level - Enter highest educational level completed for each member of the household from the final QC determination:

0 - None
1 - Grade 1
2 - Grade 2
3 - Grade 3
4 - Grade 4
5 - Grade 5
6 - Grade 6
7 - Grade 7
8 - Grade 8
9 - Grade 9
10 - Grade 10
11 - Grade 11
12 - High school diploma or GED*
13 - Post secondary education (e.g. technical education or some college)
14 - College graduate or post-graduate degree
99 - Unknown

* If member attended grade 12 but did not graduate, use code 11.

54. Employment - Enter information on the current employment status of all persons based on the final QC determination.

First box: Status

1 - Not in labor force and not looking for work
2 - Unemployed and looking for work
3 - Active duty military
4 - Migrant farm laborer
5 - Non-migrant farm laborer
6 - Self-employed, farming
7 - Self-employed, non-farming
8 - Employed by other

Second box: Hours Worked

1 - Not employed
2 - 1-19 hours per week
3 - 20-29 hours per week
4 - 30-39 hours per week
5 - 40+ hours per week

55. SNAP Work Registration Status - Enter information on the work registration status at the time of application, recertification, or when a change is reported of all persons as known by the State agency based on the final QC determination:

1 - Work Registrant
2 - Federal exemption, physically or mentally unfit for employment
3 - Federal exemption, care of a child under 6 or an incapacitated person
4 - Federal exemption, working and/or earning the equivalent of 30 hours per week
5 - Federal exemption, other

56. SNAP Employment and Training (E&T) Program Status - Enter information on the current E&T program status of all household members as known by the State agency based on the final QC determination:

0 - Not participating in any employment and training activity
1 - Participating in non-SNAP E&T activity (such as TANF)
2 - Participating in a SNAP job search/job search training as a mandatory participant
3 - Participating in a SNAP job search/job search training as a voluntary participant
4 - Participating in a SNAP E&T workfare/work experience as a mandatory participant
5 - Participating in a SNAP E&T workfare/work experience as a voluntary participant
6 - Participating in a SNAP E&T education/training (basic education, remedial education, career/ technical education, or other postsecondary) as a mandatory participant

7 - Participating in a SNAP E&T education/training (Basic education, remedial education, career/technical education, or other postsecondary) as a voluntary participant
8 - Participating in other SNAP E&T component as a mandatory participant
9 - Participating in other SNAP E&T component as a voluntary participant

57. ABAWD Status - An able-bodied adult without dependents (ABAWD) is a non-disabled adult aged 18 through 49 who does not meet an exemption at 7 CFR 273.24(c). An ABAWD who does not meet the work requirement at 273.24(a)(1) is only eligible for 3 months in a 36-month period-unless the ABAWD resides in an area where the time limit is temporarily waived, receives a discretionary (12 percent) exemption from the State, receives 3 additional consecutive months of eligibility under 7 CFR 273.24(e), or becomes exempt. For individuals who have been deemed an ineligible ABAWD, the reviewer must first document the individual's status under item 47 by selecting Code 10, then by selecting Code 2 under item 57. To document the ABAWD status of an individual, enter one of the following codes from the final QC determination:

1 - Not an ABAWD (meets an exemption at 7 CFR 273.24(c))
2 - Ineligible household member
3 - ABAWD meeting work requirement at 7 CFR 273.24(a)(1)
4 - ABAWD meeting work requirement (in 3 months of eligibility)
5 - ABAWD in waived area
6 - Exempt based on discretionary exemption

58. Dependent Care Cost - For each child/adult with associated dependent care expenses enter the amount of the expense that the household is responsible for paying using information from the final QC determination. If the cost for more than one child/adult is combined, divide the cost evenly amongst each child/adult receiving care.

SECTION 5 - INCOME IDENTIFIED BY HOUSEHOLD MEMBER

This section collects detailed information on known income sources, by type and amount, based on the final QC determination. Information can be collected on up to four sources of income for up to ten household members. If income exists but is not attached to any specific member, assign the income to the payee. Enter all income amounts rounded to the nearest dollar.

59. Person Number - Enter the person number from Section 4 for each SNAP household member with income based on information from the final QC determination. (This number is assigned in Section 4, item 46).

Source 1

60. Income Type - (This instruction applies to items 60, 62, 64, and 66). Based on the final QC determination, identify the type of countable income as listed below for each type of income received by a SNAP household member.

Earned Income (Not Subsidized)
11 - Wages and salaries
12 - Self-employment
14 - Other earned income

Subsidized Earned Income
16 - Wage supplementation - enter earnings that are above cash assistance and/or SNAP amount

Unearned Income
15 - Energy Assistance income
31 - RSDI benefits
32 - Veterans benefits
33 - SSI
34 - Unemployment Compensation
35 - Workmen's Compensation
36 - Other government benefits
37 - Foster care income
42 - Contribution
43 - Deemed income
44 - State general assistance or other State-funded welfare (don't include TANF here)
45 - Educational grants/scholarships/loans
46 - Other
47 - TANF
48 - State only diversion payment
49 - Interest income
50 - Court ordered child support payments received from absent parent or responsible person
99 - Unknown

61. Amount - (This instruction applies to Items 61, 63, 65, and 67.) Enter the gross amount of countable income received by the SNAP household member for the month from the final QC determination.

Source 2

62. Income Type - Second type of income. See item 60.

63. Amount - Second amount of income. See item 61.

Source 3

64. Income Type - Third type of income. See item 60.

65. Amount - Third amount of income. See item 61.

Source 4

66. Income Type - Fourth type of income. See item 60.

67. Amount - Fourth amount of income. See item 61.

SECTION 6 - RESERVED CODING

68. Timeliness of Application Processing (Expedited and 30 Day Requirement)

- A determination of timeliness of application processing is to be made only for cases when a new application was filed in the current Federal Fiscal Year. If there is more than one application in the current Fiscal Year, measure timeliness for the most recent application for or prior to the sample month.

NOTE: Quality control only collects data for timeliness of application processing measure. Refer to policy guidance on the timeliness measure for additional information in determining whether a case was processed timely, not timely, or other as stated below.

Timeliness of application processing according to Federal processing standards. A household entitled to expedited service must be provided the opportunity to participate within 7 days. Households not entitled to expedited service must be provided the opportunity to participate by the 30th day following the date of application. A case that meets the applicable Federal processing standard is coded 1 - timely. A case that fails to meet the applicable Federal processing standard is coded 2 - not timely.

The following cases should be coded 3- Other: cases where no new application was filed in the review year, cases with only recertification applications filed (including those filed within 30 days after the certification period expired), and cases in which the new application was properly pended for incomplete verification. Cases in which a new application was improperly pended will be coded 2 - not timely

If after a thorough review of case circumstances and records there is no documentation, application or other information to determine timeliness, the case should be coded 3. For cases with this problem, every effort should be made to determine the timeliness of the case before deciding to use the "Other" code.

Please indicate the appropriate code:

1 - Timely
2 - Not timely
3 - Other

69. QC Interview - Enter the appropriate code from the following:

1 - Telephonic personal interview with household
2 - No Interview with household - Failure or Refusal to Cooperate OR Not Subject to Review
3 - No Interview with household (Ineligible determination prior to interview)
4 - Alaska - remote area - no interview or telephone interview
5 - Person interviewed in own home
6 - Person interviewed in local office
7 - Person interviewed in mutually agreed upon location
8 - Video interview - person interviewed in own home
9 - Video interview - person interviewed in local office
0 - Video interview - person interviewed in mutually agreed upon location

70. Timeliness of Recertification Processing - Use this process to review an active case in which the most recent application was a recertification. If there is more than one recertification application, measure for the most recent recertification application which is for or prior to the sample month.

NOTE: Quality control only collects data for timeliness of recertification processing. Refer to policy guidance on the timeliness measure for additional information in determining whether a case was processed timely or not timely as stated below.

Measure the timeliness of recertification application processing according to Federal processing standards. (The regulations include an application for recertification as an application taken within 30 days after the certification period expired; these application should

included for this measure and **not** the Application Processing Timeliness Measure.) If there was no recertification processed within the last 12 months prior to the sample month, the case will not be used in the timeless of recertification rate.

For re-certifications to be considered timely they must either have been 1) properly determined expedited and allowed to participate within 7 days, or 2) appropriately determined as not expedited and allowed to participate within 30 days of submitting recertification application. For all cases coded Agency Caused or Client Cause Not Timely, indicate the **cause** for the delay. If multiple causes are identified, indicate the cause that comes first in the list. For example, if the agency sent out the NOE late and the interview was scheduled late, the reviewer should use code 11.

Indicate the appropriate code for 70:

01 - Timely

Not Timely - Agency Caused

11 - Agency failed to contact or did not contact client timely. This would include situations in which the agency failed to contact or did not contact client timely with notice of expiration (NOE), with recertification packet, to schedule interview, or to request verification.

12 - Agency lost or misfiled the verification or application for recertification**.** This would include any lost or misfiled application completed or otherwise.

13 - Agency failed to act on completed recertification application. This would include any completed recertification application that a caseworker failed to act on for whatever reason.

Not Timely - Client Caused

24 - Client did not file the recertification application by the 15th of the last month of the certification period.
25 - Client missed the first scheduled interview.
26 - Client did not return the required verification timely.
27 - Other client caused delay.
30 - Benefits issued outside the certification period.
40 - Not yet due for recertification.
50 - No recertification within the 12 months prior to the sample month.

71. Allotment Test - Enter the appropriate code that reflects which of the Allotment Tests (Comparison I or Comparison II) has been recorded in Item #10. Enter one of the following codes:

1 - Comparison I recorded, Comparison II was not needed
2 - Did Comparison II, recorded Comparison I
3 - Did Comparison II, recorded Comparison II
4 - Comparison I equaled Comparison II
5 - Case ineligible, no Comparison I or Comparison II done

SECTION 7 - OPTIONAL FOR STATE USE

There are 4 lines of spaces available to the State to code additional information.

Appendix D

SNAP FNS-245
Negative Case Action Review Schedule

Print

FORM APPROVED OMB NO. 0584-0034
Expiration Date: 12/31/2024

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

FNS HANDBOOK 310

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
NEGATIVE CASE ACTION REVIEW SCHEDULE

I. CASE MANAGEMENT INFORMATION (Not to be Transmitted)

A. CASE NAME *(Last, First, MI)*

B. TELEPHONE NUMBER

C. MAILING ADDRESS

D. ACTUAL ADDRESS/DIRECTIONS TO LOCATE

E. DATE ASSIGNED — MONTH DAY YEAR

F. DATE COMPLETED/DISPOSED OF — MONTH DAY YEAR

Reviewer

G. DATE CLEARED — MONTH DAY YEAR

Supervisor

II. IDENTIFYING INFORMATION

1. REVIEW NUMBER

2. CASE NUMBER

3. STATE AND LOCAL AGENCY CODE

4. SAMPLE MONTH AND YEAR

5. STRATUM

6. NOTICE DATE — MONTH DAY YEAR

7. ACTION DATE — MONTH DAY YEAR

8. ACTION TYPE

9. CASE CLASSIFICATION

III. ANALYSIS OF REVIEW ACTIVITY

10. DISPOSITION OF REVIEW — a) Disposition b) NSTR Reason

11. FINDING

12. CASE RECORD REVIEW — a) Recorded Reason for Action b) Accuracy of Recorded Reason

13. NOTICE REQUIREMENT

14. HOUSEHOLD NOTICE — a) Required Language b) Notice Specific, Clear, Understandable c) Reason to HH d) Accuracy of Reason to HH

15. PROCEDURAL REQUIREMENTS — a) Notice of Missed Interview b) Request for Contact c) Request for Verification d) Periodic Report

16. TIMELINESS OF ACTION — a) Timeliness of Action b) Number of Days Action Early/Late c) Timeliness of Notice d) Number of Days Notice Late

IV. DESCRIPTION OF VARIANCES

17. ELEMENT CODE — 1. 2. 3.

18. NATURE CODE — 1. 2. 3.

RESERVED CODING

19. COLLATERAL/HOUSEHOLD CONTACT

20. ACTION INITIATED BY

RESERVED FOR FUTURE USE

OPTIONAL (STATE SYSTEMS ONLY)

V. EXPLANATION OF REVIEW FINDINGS

EXPLANATION OF REVIEW FINDINGS CONTINUED:

PRIVACY ACT STATEMENT

This information is being collected under the authority of provisions of The Supplemental Nutrition Assistance Program, at 7 CFR § 275.14 - Review processing. The primary use of this information is by U.S. Department of Agriculture Supplemental Nutrition Assistance Program staff to review State performance in determining the eligibility of applicants and recipients. The information will be used to determine State compliance with eligibility determination requirements. Per the Privacy Act of 1974, 5 U.S. Code § 552a - Records maintained on individuals, at (e)(3), disclosing the information is mandatory in order to comply with USDA/FNS audit and reporting procedures. Failure to do may result in a delay or finding of non-compliance. Providing this form is a required component for State agencies to conduct Quality Control under the Food and Nutrition Act, as amended.

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 3.15 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, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0303). Do not return the completed form to this address.

INSTRUCTIONS FOR COMPLETING FORM FNS-245,
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
NEGATIVE CASE ACTION REVIEW SCHEDULE

GENERAL INSTRUCTIONS

The Negative Case Action Review Schedule was developed to serve as the data entry and review form for Negative action reviews. It is to be used as both a worksheet and the review schedule. The schedule consists of five sections as follows:

I – Case Management Information
II – Identifying Information
III – Analysis of Review Activity
IV – Description of Variances
V – Explanation of Review Findings

SECTION I – CASE MANAGEMENT INFORMATION

This section provides case management information and household identity.

A. **Case Name** – Enter the name of the applicant or recipient whose household's participation was denied, terminated or suspended.

B. **Telephone Number** – Enter the telephone number of the household.

C. **Mailing Address** – Enter the mailing address of the household.

D. **Actual Address/Directions to Locate** – Enter the actual address at which the household resides, if different from the mailing address.

E. **Date Assigned** – Enter the month, day, and year (MM DD YYYY) the review was assigned to the QC reviewer.

F. **Date Complete/Disposed of** – Enter the month, day, and year (MM DD YYYY) the review was finalized; the reviewer's name/ID entry indicates who did the review.

G. **Date Cleared** – Enter the month, day, and year (MM DD YYYY) the supervisor cleared the review; the supervisor's name/ID entry indicates completeness and approval of the review.

SECTION II – IDENTIFYING INFORMATION

This section provides identifying information related to the action under review. For all actions, fill in 1 through 9.

1. **Review Number** – Enter the number assigned to the action under review.

2. **Case Number** – Enter the case number assigned by the State agency.

3. **State and Local Agency Code:**

- **State Agency Code** – In the first two blocks, enter your two-digit State code. These are the codes used by the National Institute of Standards and Technology.
- **Local Agency Code** – In the last three blocks, enter the same three-digit code that the State agency uses to code local agencies for the QC review of active cases.

4. **Sample Month and Year** – Enter the month and year for which the action was selected for review. The sample month for an action is based upon how the case was selected for review. State agencies must identify for the reviewer how cases are sampled so that the appropriate sample month and year are entered. Each State agency has an FNS approved sample plan.

5. **Stratum** – Enter the two-digit stratum code. Stratum codes are assigned by the State agency when the sample is stratified. If stratum codes are not used by the State, other information may be entered here as a State option.

6. **Notice Date** – Enter the month, day and year (MM DD YYYY) the notice was sent for the action selected for review. If no notice was sent, enter nines.

7. **Action Date** – Enter the month, day and year (MM DD YYYY) the action was taken by the State agency for the action selected for review.

8. **Action Type** – Enter the action taken by the State agency using the appropriate code as follows:

1 – Denial of SNAP application
2 – Termination of SNAP benefits
3 – Suspension of SNAP benefits

9. **Case Classification** – Enter the appropriate code as follows:

1 – Included in error rate calculation.
2 – Excluded from error rate calculation, processed by SSA worker.
3 – Excluded from error rate calculation, as designated by FNS (e.g. demo project).

SECTION III – ANALYSIS OF REVIEW ACTIVITY

This section provides information regarding the action taken and the analysis of the review of the action to deny a SNAP application, terminate SNAP benefits or suspend SNAP participation. For completed cases, fill in 10 through 20. For cases that are not subject to review fill in 10(a) and 10(b).

10. **Disposition of Review**

(a) **Disposition** – Enter the appropriate code that reflects the disposition of the review.

1 – Review completed.
2 – Not Subject to Review/Listed in Error. Cases that are not subject to review are defined in Chapter 13 of the FNS Handbook 310. 10(b) is required. 11-20 are not required.
3 – Incomplete/Review Not Processed. Prior FNS approval is required for use of this code.
4 – Case deselected/correction for oversampling. No further codes are required.

(b) **NSTR Reason** – Enter the code that accurately reflects the reason this action has been determined to be Not Subject To Review.

01 – Households that have withdrawn an application prior to the agency's determination.
02 – Households that at the time of sampling are under active investigation for intentional program violation (IPV).
03 – Households that at the time of sampling are scheduled for an IPV investigation sometime during the next five months.
04 – Households that at the time of sampling are pending an IPV hearing.
05 – Households that have their SNAP case closed when their assigned certification period ends, i.e., the household is not recertified. The certification period closure itself is NSTR. (If the household applied for recertification and, for whatever reason, the recertification application was denied, that denial is subject to review).
06 – Actions removed from the sample as a result of a correction for oversampling.
07 – Households that have been sent a notice of pending status but were not actually denied participation.
08 – Actions listed in error. This category of actions includes administrative actions necessitated by a State agency's certification system and/or procedures, where there is no intent to deny or terminate a household's program benefits, only to correct an administrative fault in the action.
09 – Households denied SNAP benefits under a disaster certification authorized by FNS.
10 – Actions terminated or suspended for failure to file a complete monthly report by the extended filing date, but reinstated when subsequently filed the complete report before the end of the issuance month, and received the full months' SNAP benefits.
11 – Households that experience a break in participation due to computer malfunction or error that is not the result of a deliberate action by the State agency to terminate benefits. (Use of this code requires prior approval from FNS)
12 – A suspended action after the initial month of a multi-month suspension

11. **Finding** – Final Analysis of the QC Review of the Action - Enter the appropriate code to identify if 1) the action taken was appropriate; *and* 2) the reason for the action was correct; *and* 3) the household was notified on a clear, correct, complete notice with the correct reason for the action.

1 – Valid indicates that all three components were correct.
2 – Invalid indicates that one or more of the three components were incorrect. For example if 12(b)=2 then the case must be coded invalid.

12. Case Record Review

(a) **Recorded Reason for Action** – Enter the appropriate code to indicate the reason the action was taken by the state agency as reflected by the entire case record. This is not necessarily the reason stated on the notice to the household.

01 – Resident of an institution not authorized by FNS
02 – Outside of project area or State
03 – Ineligible striker
04 – Ineligible noncitizen
05 – Ineligible student
06 – Ineligible boarder
07 – Missed scheduled interview(s)
08 – Failed to provide verification
09 – Refusal to cooperate
10 – Refusal to supply SSN
11 – Gross monthly income exceeds maximum allowance
12 – Net Monthly income exceeds maximum allowance
13 – Exceeds resource standard
14 – Transfer of resources
15 – Failure to comply, without good cause, with work registration/job search requirements
16 – Voluntary quit
17 – Failure to submit/complete report
18 – Voluntary withdrawal after certification
19 – Termination/denial due to TANF termination/denial
20 – Intentional program violation
21 – Termination/denial due to program disqualification
22 – Termination/denial of household of able bodied adult(s) whose time limited period of SNAP eligibility has expired
23 – Failure to comply, without good cause, with SNAP work requirements
24 – Eligible for zero benefits
25 – Failure to access EBT benefits
26 – Loss of contact with household
27 – Applicant/household deceased
28 – Not eligible for separate household status
29 – Not eligible due to status as fleeing felon, parole violation, drug conviction etc.
30 – Reason for denial/termination/suspension not documented
31 – Household received benefits in another SNAP household for same time period
32 – Household received benefits in another state for the same time period
33 – Household received tribal commodities and is not eligible to receive SNAP benefits
34 – Household termination due to receipt of substantial lottery or gambling winnings
99 – Other
00 – Cannot be determined

(b) **Accuracy of Recorded Reason** – Enter the appropriate code to indicate whether the recorded reason for the agency's action was in accordance with policy and supported by the information in the case record.

1 – Accurate. The information in the case record supports the reason given for the agency's action.
2 – Inaccurate. The information in the case record does not support the reason given for the agency's action.
3 – Insufficient information. There is not enough information in the case record to determine the accuracy of the recorded reason for action.

13. Notice Requirements – Enter the appropriate code to indicate if the notice of denial, termination or suspension was required to be sent and if the notice was sent.

1 – Notice was required and sent.
2 – Notice was required and not sent.
3 – No requirement to issue a notice on this action and did send notice.
4 – No requirement to issue a notice on this action and did not send.

14. Household Notice

(a) **Required Language on the Notice of Adverse Action/Denial** – Enter the code that reflects if the notice contains all required language as specified by the Food and Nutrition Act of 2008, Regulations, and FNS Policy Memos.

1 – All Required Language/Information Included
2 – All Required Language/Information Not Included
3 – No notice sent to household

(b) **Notice Specific, Clear, and Understandable** – Enter the appropriate code regarding the notice to the household. The notice must be specific regarding the reason for the action; the explanation of the action must be clearly understandable. This measure is not to evaluate the validity of the reason; it is to evaluate the clarity of the notice.

1 – Yes, the reason for the action stated on the notice is specific, the notice is clear *and* the notice is understandable for the action.
2 – No, either the reason for the action stated on the notice is not specific, or the notice is not clear or the notice is not understandable for the action; or any combination of the three. A detailed and thorough explanation is required in Section V.
3 – No notice sent to household.

(c) **Reason to HH** – Enter the appropriate code to indicate the reason for the action as written on the notice.

01 – Resident of an institution not authorized by FNS
02 – Outside of project area or State
03 – Ineligible striker
04 – Ineligible noncitizen
05 – Ineligible student
06 – Ineligible boarder
07 – Missed scheduled interview(s)
08 – Failed to provide verification
09 – Refusal to cooperate
10 – Refusal to supply SSN
11 – Gross monthly income exceeds maximum allowance
12 – Net Monthly income exceeds maximum allowance
13 – Exceeds resource standard
14 – Transfer of resources
15 – Failure to comply, without good cause, with work registration/job search requirements
16 – Voluntary quit
17 – Failure to submit/complete report
18 – Voluntary withdrawal after certification
19 – Termination/denial due to TANF termination/denial
20 – Intentional program violation
21 – Termination/denial due to program disqualification
22 – Termination/denial of household of able bodied adult(s) whose time limited period of SNAP eligibility has expired
23 – Failure to comply, without good cause, with SNAP work requirements
24 – Eligible for zero benefits
25 – Failure to access EBT benefits
26 – Loss of contact with household
27 – Applicant/household deceased
28 – Not eligible for separate household status
29 – Not eligible due to status as fleeing felon, parole violation, drug conviction etc.
30 – Reason for denial/termination/suspension not documented
31 – Household received benefits in another SNAP household for same time period
32 – Household received benefits in another state for the same time period
33 – Household received tribal commodities and is not eligible to receive SNAP benefits
34 – Termination due to receipt of substantial lottery or gambling winnings
99 – Other
00 – No notice sent to household

(d) **Accuracy of Reason on Notice to Household** – Enter the appropriate code to indicate if the reason on the notice to the household was in accordance with policy and supported by the information in the case record and if the reason matches 12(a), the recorded reason for the action.

11 – Accurate, matches recorded reason.
12 – Accurate, does not match recorded reason.
21 – Inaccurate, matches recorded reason.
22 – Inaccurate, does not match recorded reason.
99 – No notice sent to household.

15. **Procedural Requirements** – This section must be filled out for all completed reviews.

(a) **Notice of Missed Interview – NOMI**

1 – Required and completed correctly
2 – Required and not completed correctly
3 – Not required

(b) **Request for Contact**

1 – Required and completed correctly
2 – Required and not completed correctly
3 – Not required

(c) **Request for Verification**

1 – Required and completed correctly
2 – Required and not completed correctly
3 – Not required

(d) **Periodic Report**

1 – Required and sent to household
2 – Required and not sent to household
3 – Not required

16. **Timeliness of the Action**

(a) **Timeliness of Action** – Enter the appropriate code to identify if the action was taken within the appropriate timeframes.

1 – Action taken timely
2 – Action taken too early
3 – Action taken late

(b) **Number of Days Action Early/Late** – If the Action was taken early or late, enter the number of days early or late. Enter 99 for 99+ days late.

(c) **Timeliness of Notice** – Enter the appropriate code to identify if the notice was sent within the appropriate timeframes.

1 – Notice sent timely
2 – Notice sent late
3 – No notice sent

(d) **Number of Days Notice Late** – If the Notice was sent late, enter the number of days late. Enter 99 for 99+ days late.

SECTION IV DESCRIPTION OF VARIANCES

This section provides for the description of variances identified in the review. 17 and 18 must be completed whenever the final determination for 11 is invalid (code 2).

17. **Element** – Enter the appropriate three digit element number of the review for each variance identified.

18. **Nature Codes** – Enter the appropriate three digit code for the nature of the identified variance(s). Possible nature codes for the specific Element are listed below the Element code and title. The nature codes may be used in any element.

Element 111 – Student Status

Nature codes:

001 – Eligible person(s) excluded
002 – Ineligible person(s) included
003 – Agency failed to follow up on inconsistent or incomplete information
014 – Eligible student incorrect income
015 – Eligible student incorrect student deductions
019 – Eligible student was denied for failing to verify student status which was previously verified
044 – Failed to consider or incorrectly considered Eligible Student status
096 – Policy incorrectly applied – no other codes applicable
131 – Eligible student excluded and met exemption – 17 and younger / 50 and older
132 – Eligible student excluded and met exemption – Enrollment as part of Job
133 – Eligible student excluded and met exemption – On-the-job training
134 – Eligible student excluded and met exemption – Employment requirements met
135 – Eligible student excluded and met exemption – Physically or mentally unfit
136 – Eligible student excluded and met exemption – Receiving TANF
137 – Eligible student excluded and met exemption – Responsible for care of child under 6
138 – Eligible student excluded and met exemption – Single parent, child under 12, enrolled full time
139 – Eligible student excluded and met exemption – State or Federal Work Study

Element 130 – Citizenship and Non-Citizen Status

Nature codes:

001 – Eligible person(s) excluded
002 – Ineligible person(s) included
003 – Agency failed to follow up on inconsistent or incomplete information
096 – Policy incorrectly applied – no other codes applicable
140 – Eligible qualified alien excluded – Amerasians
141 – Eligible qualified alien excluded – Asylees or Deportation Withheld
142 – Eligible qualified alien excluded – Certain American Indians born Abroad
143 – Eligible qualified alien excluded – Children under 18
144 – Eligible qualified alien excluded – Cuban or Haitian Entrant
145 – Eligible qualified alien excluded – Elderly lawfully residing in U.S. age 65 or older on August 22, 1996
146 – Eligible qualified alien excluded – Hmong or Highland Laotian tribal members
147 – Eligible qualified alien excluded – Individuals receiving benefits for blindness or disability
148 – Eligible qualified alien excluded – Iraqi or Afghan Special Immigrants
149 – Eligible qualified alien excluded – LPR with 40 qualifying quarters of work
150 – Eligible qualified alien excluded – LPR with living in US 5 years
151 – Eligible qualified alien excluded – military connection
152 – Eligible qualified alien excluded – Refugee
153 – Eligible qualified alien excluded – Victims of Severe Trafficking
179 – Eligible qualified alien excluded – Battered non-citizens (certain circumstances)

Element 140 – Residency

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
088 – Improper denial or termination, not out of the project area
096 – Policy incorrectly applied – no other codes applicable
099 – Other
154 – Improper denial – Homeless household denied for failing to provide address

Element 150 – Household Composition

Nature codes:

002 – Ineligible person(s) included
003 – Agency failed to follow up on inconsistent or incomplete information
006 – Entitled to separate status
007 – Eligible person(s) with no income, resources, or deductible expenses excluded
008 – Eligible person(s) with income excluded
009 – Eligible person(s) with resources excluded
010 – Eligible person(s) with deductible expenses excluded
011 – Newborn infant improperly excluded
096 – Policy incorrectly applied – no other codes applicable

Element 151 – Recipient Disqualification

Nature codes:

002 – Ineligible person(s) included
018 – Eligible person(s) disqualified
096 – Policy incorrectly applied – no other codes applicable

Element 160 – Employment & Training Programs

Nature codes:

004 – Agency failed to follow up on known and reported impending changes
018 – Eligible person(s) disqualified
054 – Failure to cooperate with work program when not required to register for work program
060 – Household not notified of requirement to register with work program
096 – Policy incorrectly applied – no other codes applicable
155 – Individual inappropriately sanctioned

Element 161 – Time-limited participation

Nature codes:

004 – Agency failed to follow up on known and reported impending changes
018 – Eligible person(s) disqualified
096 – Policy incorrectly applied– no other codes applicable
156 – Improper denial – met ABAWD exemption
157 – Months incorrectly calculated

Element 162 – Work Registration Requirements

Nature codes:

001 – Eligible person(s) excluded
002 – Ineligible person(s) included
004 – Agency failed to follow up on known and reported impending changes
096 – Policy incorrectly applied – no other codes applicable
158 – Eligible person(s) excluded – exempt from work requirements – care for dependent under age 6 or incapacitated person
159 – Eligible person(s) excluded – exempt from work requirements – due to age
160 – Eligible person(s) excluded – exempt from work requirements – employed
161 – Eligible person(s) excluded – exempt from work requirements – participation in drug addiction or alcohol treatment program
162 – Eligible person(s) excluded – exempt from work requirements – physically or mentally unfit
163 – Eligible person(s) excluded – exempt from work requirements – received or applied for unemployment compensation
164 – Eligible person(s) excluded – exempt from work requirements – student enrolled at least half time
165 – Eligible person(s) excluded – exempt from work requirements – subject to and in compliance with TANF work requirements

Element 163 – Voluntary Quit/Reduced Work Effort

Nature codes:

016 – Head of household did not voluntarily quit
017 – Voluntary quit of non-head of household
096 – Policy incorrectly applied – no other codes applicable
166 – Improper Sanction – entire household sanction for non-head of household voluntarily quit
167 – Household member met good cause

Element 164 – Workfare and Comparable Workfare

Nature codes:

018 – Eligible person(s) disqualified
096 – Policy incorrectly applied – no other codes applicable
155 – Individual inappropriately sanctioned

Element 165 – Employment Status/Job Availability

Nature codes:

004 – Agency failed to follow up on known and reported impending changes
018 – Eligible person(s) disqualified
096 – Policy incorrectly applied – no other codes applicable

Element 166 – Acceptance of Employment

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
018 – Eligible person(s) disqualified
096 – Policy incorrectly applied – no other codes applicable

Element 170 – Social Security Number

Nature codes:

018 – Eligible person(s) disqualified
020 – Good cause for failure/refusal
021 – Social Security Numbers provided
096 – Policy incorrectly applied – no other codes applicable

RESOURCES (200)

Liquid Resources

Element 211 – Bank Accounts or Cash on Hand

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
024 – Resource should have been excluded
031 – Incorrect limit applied
074 – Improper denial – resource counted as income
096 – Policy incorrectly applied – no other codes applicable

Element 212 – Nonrecurring Lump-sum Payment

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
024 – Resource should have been excluded
031 – Incorrect limit applied
074 – Improper denial – resource counted as income
096 – Policy incorrectly applied – no other codes applicable

Element 213 – Other Liquid Assets

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
024 – Resource should have been excluded
031 – Incorrect limit applied
074 – Improper denial – resource counted as income
096 – Policy incorrectly applied – no other codes applicable

Non-Liquid Resources

Element 221 – Real Property

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
024 – Resource should have been excluded
027 – Used for self-employment
028 – Fair market value incorrect
029 – Equity value incorrect
031 – Incorrect limit applied
074 – Improper denial – resource counted as income
096 – Policy incorrectly applied – no other codes applicable

Element 222 – Vehicles

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
024 – Resource should have been excluded
027 – Used for self-employment
028 – Fair market value incorrect
029 – Equity value incorrect
031 – Incorrect limit applied
074 – Improper denial – resource counted as income
096 – Policy incorrectly applied – no other codes applicable

Element 224 – Other Non-Liquid Resources

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
024 – Resource should have been excluded
027 – Used for self-employment
028 – Fair market value incorrect
029 – Equity value incorrect
031 – Incorrect limit applied
074 – Improper denial – resource counted as income
096 – Policy incorrectly applied – no other codes applicable

Element 225 – Combined Resources

Nature codes:

022 – Did not transfer resources
023 – Did not exceed limit
025 – Incorrectly applied resources of non-citizen sponsor
026 – Included resources of a non-household member
030 – Does not exceed prescribed limit
031 – Incorrect limit applied
096 – Policy incorrectly applied – no other codes applicable
097 – Resource counted as income

RESOURCES (300)

Earned Income

Element 311 – Wages and Salaries

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
032 – Failed to consider or incorrectly considered income of an ineligible member
033 – Rounding used/not used or incorrectly applied
034 – Income from known/processed source included that should not have been
035 – Household unemployed
036 – Conversion to monthly amount not used or incorrectly applied
037 – Averaging not used or incorrectly applied
038 – MRRB household not temporarily over the limit
039 – Employment status changed from unemployed to employed
041 – Change only in amount of earnings
042 – Failed to consider/anticipate month with extra pay date
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable
168 – Improper income calculation
169 – Improper calculation – Income included holiday or overtime pay
170 – Improper calculation – Income averaged incorrectly

Element 312 – Self-Employment

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
032 – Failed to consider or incorrectly considered income of an ineligible member
033 – Rounding used/not used or incorrectly applied
034 – Income from known/processed source included that should not have been
035 – Household unemployed
036 – Conversion to monthly amount not used or incorrectly applied
037 – Averaging not used or incorrectly applied
038 – MRRB household not temporarily over the limit
039 – Employment status changed from unemployed to employed
041 – Change only in amount of earnings
042 – Failed to consider/anticipate month with extra pay date
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable
168 – Improper income calculation
170 – Improper calculation – Income averaged incorrectly
171 – Income is Self-Employment income – not identified as Self-Employment

Element 313 – Other Earned Income

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
032 – Failed to consider or incorrectly considered income of an ineligible member
033 – Rounding used/not used or incorrectly applied
034 – Income from known/processed source included that should not have been
035 – Household unemployed
036 – Conversion to monthly amount not used or incorrectly applied
037 – Averaging not used or incorrectly applied
038 – MRRB household not temporarily over the limit
039 – Employment status changed from unemployed to employed
041 – Change only in amount of earnings
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Deductions

Element 321 – Earned Income Deductions

Nature codes:

043 – Deduction that should have been included was not
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable
125 – Deduction applied to earnings after child support exclusion

Element 323 – Dependent Care Deduction

Nature codes:

043 – Deduction that should have been included was not
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Unearned Income

Element 331 – RSDI Benefits

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 332 – Veterans Benefits

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 333 – SSI and/or State SSI Supplement

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 334 – Unemployment Compensation

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 335 – Worker's Compensation

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 336 – Other Government Benefits

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 342 – Contributions

Errors in Child Support Payments should not be recorded in this Element. See Element 350.

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 343 – Deemed Income

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 344 – TANF, PA OR GA

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 345 – Educational Grants/Scholarships/Loans

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 346 – Other Unearned Income

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable

Element 350 – Child Support Payments Received from Absent Parent

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
034 – Income from known/processed source included that should not have been
046 – Failed to consider or incorrectly considered reported information
096 – Policy incorrectly applied – no other codes applicable
111 – Child support payments(s) not considered or incorrectly applied for initial month(s) of eligibility
112 – Retained child support payment(s) not considered or incorrectly applied
127 – Pass through not considered or incorrectly applied
170 – Improper calculation – Income averaged incorrectly

Other Deductions

Element 361 – Standard Deduction

Nature codes:

043 – Deduction that should have been included was not
096 – Policy incorrectly applied – no other codes applicable

Element 363 – Shelter Deduction

Nature codes:

043 – Deduction that should have been included was not
047 – Failed to consider or incorrectly considered Shelter deductions
051 – Incorrect amount used resulting from a change in residence
053 – Incorrectly prorated
096 – Policy incorrectly applied – no other codes applicable

Element 364 – Standard Utility Allowance

Nature codes:

043 – Deduction that should have been included was not
048 – Failed to consider or incorrectly considered SUA deductions
050 – Incorrect standard used (Not as a result of a change in household size or move)
051 – Incorrect amount used resulting from a change in residence
052 – Incorrect standard used resulting from a change in household size
053 – Incorrectly prorated
096 – Policy incorrectly applied – no other codes applicable

Element 365 – Medical Deductions

Nature codes:

043 – Deduction that should have been included was not
045 – Failed to consider or incorrectly considered Medical deductions
096 – Policy incorrectly applied – no other codes applicable

Element 366 – Child Support Payment Deductions (includes Exclusions)

Nature codes:

040 – Failed to consider or incorrectly considered Child Support deductions (exclusions)
043 – Deduction (exclusion) that should have been included was not
096 – Policy incorrectly applied – no other codes applicable
111 – Child support payment(s) not considered or incorrectly applied for initial month(s) of eligibility

Element 371 – Combined Gross Income

Nature codes:

030 – Does not exceed prescribed limit
031 – Incorrect limit applied
096 – Policy incorrectly applied – no other codes applicable

Element 372 – Combined Net Income

Nature codes:

030 – Does not exceed prescribed limit
031 – Incorrect limit applied
096 – Policy incorrectly applied – no other codes applicable

Other

Element 412 – Budgeting System

Nature codes:

063 – Deductions excluded that should not have been
064 – Household improperly participating under retrospective budgeting
065 – Household improperly participating under prospective budgeting
096 – Policy incorrectly applied – no other codes applicable
101 – Simplified reporting household

Element 413 – Application

Nature codes:

059 – Household expedited and should have received postponed verification
066 – Improper denial within 30-day period for missing interview(s)
073 – Improper denial - failed to screen for expedited service
076 – Failed to provide expedited service to expedited eligible household
077 – Failed to issue a required Notice of Missed Interview (NOMI)
078 – Denial before the 30th day
079 – Incorrect use of allotment tables
081 – Late denial agency failed to process the application timely
082 – Improper denial for missing interview when interview never scheduled
096 – Policy incorrectly applied – no other codes applicable
117 – Failed to process the reapplication timely (recertification application)

Element 414 – Joint TANF/SNAP Processing and Reporting

Nature codes:

067 – Improper termination/denial/suspension when TANF was terminated/denied
068 – Benefits improperly terminated due to non-submission of monthly report
096 – Policy incorrectly applied – no other codes applicable

Element 415 – Verification

Nature codes:

003 – Agency failed to follow up on inconsistent or incomplete information
004 – Agency failed to follow up on known and reported impending changes
056 – Improper Denial/Termination – failure to provide – verification was received or was in case file
069 – Improper denial prior to end of timeframe for providing verification
080 – No application or case record information to support denial/termination/suspension
096 – Policy incorrectly applied – no other codes applicable
102 – Verification of income requested for a person not associated with current application
103 – Verification of resources requested for a person not associated with current application
105 – Verification was in case file
172 – Improper Denial/Termination – failure to provide – case should have been processed without the deduction
173 – Improper Denial/Termination – failure to provide – categorically eligible household with deemed eligibility elements
174 – Improper Denial/Termination – failure to provide – failed to send a request for contact
175 – Improper Denial/Termination – failure to provide – verification requested was for another program
176 – Improper Denial/Termination – failure to provide – household never notified of needed verification
177 – Improper Denial/Termination – failure to provide – household not given at least 10 days to provide
178 – Improper Denial/Termination – failure to provide – prior to the 30th day

Element 416 – Action Type

Nature codes:

070 – Improper denial or termination when the case should have been suspended
071 – Improper suspension when the case should have been denied or terminated
072 – Improper termination or suspension for failure to meet reporting requirements
096 – Policy incorrectly applied – no other codes applicable

Element 511 – Other

Nature codes:

005 – Computer programming error
012 – Computer user error (improper use of system or unauthorized process or work around)
013 – Data entry and/or coding error (includes selection of incorrect codes)
055 – Failure to provide verification for a period of time not associated with current application
084 – Information reported by a bank or financial institution contact inaccurate
085 – Information reported by a collateral contact inaccurate
086 – Information reported by an employer contact inaccurate
087 – Information reported by a landlord contact inaccurate
095 – Other public assistance case was terminated / denied
096 – Policy incorrectly applied – no other codes applicable
099 – Other. This code is to be used in situations not covered by the other existing element codes.

Element 520 – Arithmetic Computation

Nature codes:

061 – Benefit/allotment/eligibility incorrectly computed
062 – Incorrect use of allotment tables
096 – Policy incorrectly applied – no other codes applicable

Element 530 – Transitional Benefits

Nature codes:

075 – Eligible for transitional benefits
096 – Policy incorrectly applied– no other codes applicable

Element 540 – Notices

Nature codes:

049 – Failed to send notice of action
089 – Notice did not include date of intended action
090 – Notice did not include rights of household
091 – Notice not clearly understandable
092 – Notice reason does not match reason for action
093 – Notice was not complete
094 – Notice was sent to wrong address
096 – Policy incorrectly applied – no other codes applicable

RESERVED

This section provides information for the evaluation of the action and case record. This section will be completed for all cases by the State Agency.

19. **Collateral and/or Household Contact** – Enter the appropriate code which reflects the decision of the reviewer to make a collateral and/or household contact. The reason for contacting the collateral source or the household (by telephone or a letter or in person) must be documented in Section V-Narrative. The narrative must clearly address the element(s) in question.

01 – No collateral or household contact was conducted.
02 – Telephone contact made to a collateral source – information in case record regarding an element(s) was not clear and accurate.
03 – Telephone contact made to the household – information in case record regarding an element(s) was not clear and accurate.
04 – Letter contact made to a collateral source – information in case record regarding an element(s) was not clear and accurate. The reason for using a letter must be documented on the FNS-245 Section V and a copy of the letter included. The letter must clearly address the element(s) in question.
05 – Letter contact made to the household – information in case record regarding an element(s) was not clear and accurate. The reason for using a letter must be documented on the FNS-245 Section V and a copy of the letter included. The letter must clearly address the element(s) in question.
06 – Face-to-face contact made to a collateral source – information in case record regarding an element(s) was not clear and accurate.
07 – Face-to-face contact made to the household – information in case record regarding an element(s) was not clear and accurate

20. **Action Initiated By** – Enter the appropriate two digit code to indicate the initial event that prompted the action by the state agency. This information will be used for administrative purposes and possibly to direct corrective action.

01 – Reported information from the household
02 – Reported information from an automated source
03 – Reported information from other source
04 – Application for assistance submitted by the household
05 – Interim report completed by the household
06 – Interim report not submitted
07 – Failure to provide requested information from an application
08 – Failure to provide requested information from an interim report
09 – Re-certification for assistance submitted by the household
10 – Failure to provide requested information from a re-certification
11 – Other

OPTIONAL (FOR STATE SYSTEMS ONLY)

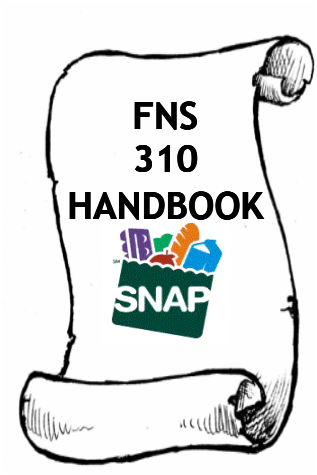
There is one line of spaces available for the State to code information to capture additional data as designated by the State.

SECTION V EXPLANATION OF REVIEW FINDINGS

This section will be used to document the results of the review. The reviewer must record information used to determine the validity of the action and, if necessary, information on the status of the case as of the review date. The reviewer may document a single element of eligibility or all elements, depending upon the circumstances of each case. Documentation must be sufficient to support the reviewer's decision on the status of the case (both a valid and an invalid determination) and the identification of any variances, if the action was found to be invalid.

The narrative should contain a descriptive explanation of the circumstances from the case record regarding why the action was initiated, what information the agency used to arrive at the decision, what decision was made, and whether the notice that was issued was specific, and clearly understandable. QC findings should summarize the agreement or disagreement with the actions taken by the agency.

The narrative should answer these questions:
If no notice was sent, is it within the certification guidelines to not send a notice?
Did the action taken reflect what was known by the EW?
Did the EW make a mistake?
Did the notice reflect what the EW thought was happening?
Does the notice indicate what happened?
Is the notice clearly understandable and specific about what was happening?



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