

Iowa Department of Human Services
QUALITY ASSURANCE TRANSMITTAL

TO: Quality Assurance, 1st Floor
Division of Data Management
Hoover Building

Date:

FROM:

Worker No.	Co.	Worker Phone	Worker Name

CASE IDENTIFICATION

ABC or SRS Case Number	Case Name

REQUESTED ACTION:

Cancel Warrant (attach warrant and official receipt)

Warrant No.	Warrant Amount	Warrant Date

Issue One-Time Special Payment over \$1800

Authorized Amount	Authorizing Signature

State ID Cross Reference

Last Name	First Name	Correct Birth Date	Sex

Incorrect Social Security Number

Incorrect State ID

Is this a name change only?

Yes No

Correct Social Security Number

Correct State ID

If yes, is this due to adoption?

Yes No

Comments:

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Double Click to **SEND** Form

Send to: DHS, Quality Assurance