

A. Case Name	Case No		QC Review No.
IM Worker Name/No. and Supervisor Name:	County Name/No.:	Service Area Name/No.:	Program:
QC Reviewer:	Sample Month:	Report Date:	Response Due Date:

B. Case Review Outcome: *(Any over/underissuance listed below is based on federal QC policies. When completing a claim, follow state manual/policy.)*

- Correct Case**

 Agency Error

 Client Error

 Potential IPV
 Worker Action Needed

Negative

- Incorrect Reason
 Action Untimely
 Processing Error
 New Information

Active

- Ineligible

 App/RRED Timely Processed
 Overissuance

 App/RRED Untimely Processed
 Underissuance

 Timeliness Not Evaluated
 New Information
 Incomplete

Case Review Summary:

Manual/Reference:

C. Field Response:

1. Corrective Action

Corrected to QC Findings

Not Corrected to QC Findings

Claim Completed

Adjustment Completed

Date:

Date:

Total Amount:

Total Amount:

Time Period (to/from):

Time Period (to/from):

Potential SNAP IPV Referral

Potential SNAP IPV was not referred.

Date:

2. Error Prevention

What do you think could help prevent this error(s) from occurring in the future (e.g. training, manual changes, improved technology, form updates)?

Signature of IM Worker	Date
Signature of Service Area IM Supervisor	Date
Signature of ICRU Worker (if applicable)	Date
Signature of ICRU Supervisor (if applicable)	Date