State of Iowa Department of Human Services

NO ERROR MEMORANDUM

| Date: | | _ | | |
|-------|--|-----------------|----------|-----|
| | | | | |
| o: | | | From: | |
| | (Local Agency Worker) | | | |
| | (County) | _ | | |
| | | | | |
| | | | | |
| | Case Name: | | | |
| | Case Number: | | | |
| Qual | ity Control Review Number: | | | |
| | Case Type: | | | |
| | A | ctive | Negat | ive |
| | | | | |
| | pove case was reviewed by Quality (gibility error was found. | Control for the | month of | |