



## Noncooperation Notice

**File this notice in a permanent place in the case record**

County:	Date:
Case Worker:	QC Reviewer:
Case Name:	Phone:
Persons Not Cooperating:	Case No:
	QC Review No:

Client cooperation with Quality Control is an eligibility requirement per manual reference . The above named clients have failed to cooperate with Quality Control. Please take action as directed in the boxes selected below:

- The client is currently receiving assistance. Send a Notice of Decision canceling program benefits for .
- The client is not currently receiving assistance. File this notice in the case file.

**Benefits to be sanctioned:**

**FIP/Medicaid**

Should the client reapply before , the client must cooperate with Quality Control as an eligibility requirement, i.e., the client is ineligible until the agency has been notified by the Quality Control reviewer that the client has cooperated. After the above given date, an actual Quality Control review will not be completed; however, to meet program requirements the client must be willing to cooperate with Quality Control. This determination should be made by the local agency worker.

**Supplemental Nutrition Assistance Program (SNAP)**

Should the client reapply before , the client must cooperate with Quality Control as an eligibility requirement, i.e., the client is ineligible until the agency has been notified by the Quality Control reviewer that the client has cooperated. **If the noncooperating person moves to a different household, the ineligibility follows that person to the new household.** After the above given date, the household shall not be determined ineligible for its refusal to cooperate with Quality Control, but the household must provide the agency with verification of all eligibility requirements before being determined eligible.