

COUNTY _____ REGION _____

REVIEW NUMBER _____ SAMPLE DATE _____

<p>A. IDENTIFYING INFORMATION</p> <p>1. CASE NUMBER _____</p> <p>2. PAYEE _____</p> <p>3. ADDRESS _____</p> <p>4. PHONE NUMBER _____</p> <p>5. MOST RECENT OPENING, RE-OPENING, OR RE-CERTIFICATION- DATE _____ TYPE _____</p> <p>6. CLIENT PART _____</p> <p>7. VENDOR NUMBER _____</p> <p>8. DIRECTIONS TO LOCATE _____</p> <p>9. OTHER INFORMATION _____ _____ _____ _____ _____</p> <p>10. REVIEW MONTH _____</p> <p>11. DATE ASSIGNED _____</p> <p>12. DATE OF CASE READING _____</p> <p>13. DATE OF INTERVIEW _____</p> <p>14. DATE REVIEW COMPLETED _____</p> <p>15. REVIEWER _____</p>	<p>FORM COMPLETED _____ AFDC RELATED _____ SSI RELATED _____ NEEDY INDIVIDUAL _____ AFDC CASE _____ SSI CASE _____ UNDER 21</p> <p>B. MEMBERS OF THE HOUSEHOLD</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">NO</th> <th style="width:45%;">NAME</th> <th style="width:10%;">BIRTHDATE</th> <th style="width:5%;">R/S</th> <th style="width:15%;">SOCIAL SECURITY NUMBER</th> <th style="width:5%;">M/R</th> <th style="width:5%;">*</th> <th style="width:5%;">X</th> <th style="width:5%;">E/S</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>R/S COLUMN IS RELATIONSHIP OR SIGNIFICANCE M/R COLUMN IS MEDICAL RESOURCES E/S COLUMN IS ELIGIBILITY STATUS * COLUMN IS MEDICAID RECIPIENT (ENTER CHECK MARK OR *) X COLUMN IS SERVICES RECEIVED (ENTER X OR LEAVE BLANK)</p> <p>C. SIGNIFICANT PERSONS NOT IN HOUSEHOLD</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:10%;">AGE</th> <th style="width:10%;">R/S</th> <th style="width:15%;">SOCIAL SECURITY NUMBER</th> <th style="width:30%;">ADDRESS</th> </tr> </thead> <tbody> <tr><td>1. </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2. </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>3. </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>4. </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>5. </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>R/S COLUMN IS RELATIONSHIP OR SIGNIFICANCE</p> <p>D. ELIGIBILITY REVIEW FINDINGS</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>1A. CASE STATUS</p> <p>1-ELIGIBLE 54</p> <p>2-INELIGIBLE</p> <p>3-ELIGIBLE W/ INELIGIBLE MEMBERS</p> <p>4-LIABILITY UNDERSTATED- ERROR</p> <p>5-LIABILITY OVERSTATED- ERROR</p> <p>6-LIABILITY UNDERSTATED W/ INELIGIBLE MEMBERS</p> <p>7-LIABILITY OVERSTATED W/ INELIGIBLE MEMBERS</p> <p>2. NUMBER OF ELEMENTS IN ERROR</p> <p>63 64</p> </td> <td style="width:50%; vertical-align: top;"> <p>1B. CASE MEMBER STATUS</p> <p>1-ELIGIBLE MEMBERS</p> <p style="text-align: right;">55 56</p> <p>2-INELIGIBLE MEMBERS</p> <p style="text-align: right;">57 58</p> <p>3-ELIGIBLE MEMBERS W/ UNDERSTATED LIABILITY</p> <p style="text-align: right;">59 60</p> <p>4-ELIGIBLE MEMBERS W/ OVERSTATED LIABILITY</p> <p style="text-align: right;">61 62</p> <p>3. DOLLAR AMOUNT OF LIABILITY ERRORS</p> <p style="text-align: right;">65 66 67 68 69</p> </td> </tr> </table> <p>NOTE- FILL IN DATA ABOVE APPROPRIATE NUMBER</p>	NO	NAME	BIRTHDATE	R/S	SOCIAL SECURITY NUMBER	M/R	*	X	E/S										NAME	AGE	R/S	SOCIAL SECURITY NUMBER	ADDRESS	1.					2.					3.					4.					5.					<p>1A. CASE STATUS</p> <p>1-ELIGIBLE 54</p> <p>2-INELIGIBLE</p> <p>3-ELIGIBLE W/ INELIGIBLE MEMBERS</p> <p>4-LIABILITY UNDERSTATED- ERROR</p> <p>5-LIABILITY OVERSTATED- ERROR</p> <p>6-LIABILITY UNDERSTATED W/ INELIGIBLE MEMBERS</p> <p>7-LIABILITY OVERSTATED W/ INELIGIBLE MEMBERS</p> <p>2. NUMBER OF ELEMENTS IN ERROR</p> <p>63 64</p>	<p>1B. CASE MEMBER STATUS</p> <p>1-ELIGIBLE MEMBERS</p> <p style="text-align: right;">55 56</p> <p>2-INELIGIBLE MEMBERS</p> <p style="text-align: right;">57 58</p> <p>3-ELIGIBLE MEMBERS W/ UNDERSTATED LIABILITY</p> <p style="text-align: right;">59 60</p> <p>4-ELIGIBLE MEMBERS W/ OVERSTATED LIABILITY</p> <p style="text-align: right;">61 62</p> <p>3. DOLLAR AMOUNT OF LIABILITY ERRORS</p> <p style="text-align: right;">65 66 67 68 69</p>
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