

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

QUALITY CONTROL - FOOD STAMP NEGATIVE CASE ACTION REVIEW SCHEDULE

I. CASE MANAGEMENT INFORMATION (Not to be Transmitted)

1. CASE NAME (Last, First, MI)	2. TELEPHONE NUMBER [][][][][][][][][][][][][][][][]
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3. MAILING ADDRESS	4. ACTUAL ADDRESS/DIRECTIONS TO LOCATE
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5. DATE ASSIGNED MO DAY YEAR [][] [][] [][][][]	6. DATE COMPLETED/DISPOSED OF MO DAY YEAR [][] [][] [][][][] Reviewer _____	7. DATE CLEARED MO DAY YEAR [][] [][] [][][][] Supervisor _____
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II. IDENTIFYING INFORMATION

A. REVIEW NUMBER [][][][][][][][][][]	B. CASE NUMBER []	C. STATE AND LOCAL AGENCY CODES [][] [][][][]	D. SAMPLE MONTH AND YEAR [][] [][][][]
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E. STRATUM [][]	F. DECISION DATE MO DAY YEAR [][] [][] [][][][]	G. EFFECTIVE DATE MO DAY YEAR [][] [][] [][][][]	H. ACTION TYPE []	I. CASE CLASSIFICATION []
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III. ANALYSIS OF REVIEW ACTIVITY

J. NOTICE REQUIREMENTS []	K. RECORDED REASON FOR ACTION [][]	L. VALIDITY OF RECORDED REASON []
M. RESULT OF EXPANDED REVIEW (a) Validity []	(b) Reason for Action (If different from item L; otherwise, enter "00") [][]	N. DISPOSITION OF REVIEW []

IV. DESCRIPTION OF VARIANCES

O. ELEMENT CODE 1. [][][][] 2. [][][][] 3. [][][][]	P. NATURE CODE 1. [][][][] 2. [][][][] 3. [][][][]
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RESERVED (Federal Use)

[][][][]	[][][][]	[][][][]	[][][][]	[][][][]	[][][][]	[][][][]	[][][][]	[][][][]	[][][][]
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OPTIONAL (State Systems Only)

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V. EXPLANATION OF REVIEW FINDINGS (Not to be transmitted - Continue on reverse side)

EXPLANATION OF REVIEW FINDINGS CONTINUED:

PRIVACY ACT STATEMENT

This report is required under provisions of 7 CFR 275.14 (The Food Stamp Program). This information is needed for the review of State performance in determining the eligibility of applicants and recipients. The information is used to determine State compliance, and failure to report may result in a finding of non-compliance.

OMB PAPERWORK COLLECTION STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0034. The time required to complete this information collection is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.