

WORKSHEET FOR FOOD STAMP OR MEDICAID ELIGIBILITY QUALITY CONTROL REVIEWS

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

OMB STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0074. The time required to complete this collection is estimated to average 9 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection.

A. IDENTIFYING INFORMATION										B. PERSONS LIVING IN THE HOME													
AFDC		Food Stamps		Medical		Duel Coverage		Name		Birth date		Age		Relationship or Significance		Social Security Number		AFDC/ADULT		FS		Medicaid	
ADULT		SSI		AFDC Related		SSI Related												Needy Ind. under 21		Recip.	Elig.	Recip.	Recip.
										1													
										2													
1.	Local Agency									3													
2.	Case Name									4													
3.	Address									5													
4.	Phone Number									7													
5.	Directions to Locate									8													
6.	Case Number(s)		AFDC/ADULT		FOOD STAMPS		MEDICAID			9													
7.	Review Number(s)									10													
8.	Review Date/Month									C. SIGNIFICANT PERSONS NOT LIVING IN THE HOME													
9.	Date of Most Recent Opening									Name		Relationship or Significance		Social Security Number		Address			Phone Number		Financial Support		
10.	Most Recent Action a. Date b. Type																						
11.	Certification Period		fr		to		fr			to		11											
12.	Participated During Sample Month		Yes		No			13															
13.	Rec'd Expedited		Yes		No			14															
14.	Service		Yes		No			15															
14.	Reviewer(s)									D. REVIEW FINDINGS													
15.	Date(s) Assigned									AFDC/Adult			Food Stamp			Medicaid							
16.	Date of Case Reading(s)									Grant Amount			Allotment		Eligibility Status								
17.	Date of Home Visit(s)									Amount Correct			Amount Correct					Eligible		Ineligible			
18.	Date(s) Completed									Overpayment - Amount			Over-issuance					Ineligible Case Member(s)		Service(s)			
19.	Supervisor									Underpayment - Amount			Under-issuance					Overstated Liability					
20.	Date(s) Cleared									Ineligible			Ineligible					Ineligible Case Member(s)		Service(s)			
20.	Date(s) Cleared									Review Not Completed			Amount in Error		Number of Elements in Error								

ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION

(1) ELEMENTS OF ELIGIBILITY AND PAYMENT DETERMINATION	(2) QC ANALYSIS OF CASE RECORD (PERTINENT FACTS SOURCES OF VERIFICATION, RELIABILITY, GAPS OR DEFICIENCIES)	(3) FINDINGS OF FIELD INVESTIGATION (FACTS OBTAINED, VERIFICATION AND SUBSTANTIATION, NATURE OF ERRORS)	RESULT			
			(4) TANF	(5) FS	(6) MQC	(7) ADULT
	BASIC PROGRAM	REQUIREMENTS (100)				
110 Age						
111 Student Status						
120 Relationship						
130 Citizenship and Non-Citizen Status						
140 Residency						
150 Household Composition						
151 FS-Recipient Disqualification TANF/MQC/ADT - Living Arrangement						
WORK REQUIREMENTS						
160 Employment and Training Programs						
161 Time Limited Participation						
162 Work Registration						
163 Voluntary Quit/ Reducing Work Effort						
164 Workfare and Comparable Workfare						
165 Employment Status/ Job Availability						
166 Acceptance of Employment						
170 Social Security Number						
CATEGORICAL RELATEDNESS						
181 Death						
182 Incapacity						
183 Continued Absence						

184 Unemployed Parent						
185 Blindness/disability Determination						
186 Other Categorical Relatedness						
CHILD SUPPORT PROGRAM						
191 Assignment of Support						
192 Cooperation in Support Activities						
LIQUID RESOURCES	RESOURCES	(200)				
211 Bank Account or Cash on Hand						
212 Non-Recurring Lump-Sum Payments						
213 Other Liquid Assets and Personal Property						
NON-LIQUID RESOURCES						
221 Real Property						
222 Vehicle						
223 Life Insurance						
224 Other Non liquid Resources						
225 Combined Resources						
EARNED INCOME	INCOME	(300)				
311 Wages & Salaries						
312 Self-Employment						
313 Earned Income Credit						
314 Other Earned Income						
EARNED INCOME DEDUCTIONS/ REGARDS						
321 Earned Income Deductions						
322 Work Related Expenses						

323 Child or Dependent Care							
UNEARNED INCOME							
331 RSDI Benefits							
332 Veterans Benefits							
333 SSI and/or State SSI Supplement							
334 Unemployment Compensation							
335 Worker's Compensation							
336 Other Government Benefits							
341 Value of Food Stamps/Housing Subsidy							
342 Contributions/Income in Kind							
343 Deemed Income							
344 PA or GA							
345 Educational Grants/Scholarships/Loans							
346 Other Unearned Income							
347 TANF							
350 TANF/MQC - Support Payments Made to Child Support Agency FOOD STAMPS - Child Support Payments Received From Absent Parent							
OTHER DEDUCTIONS/ DISREGARDS							
361 Standard Deduction							
362 Unearned Income Deduction							
363 Shelter Deduction							
364 Standard Utility Allowance							

365 Medical Deduction						
366 Child Support Payment Deduction						
371 Combined Gross Income						
372 Combined Net Income						
BASIC BUDGETARY ALLOWANCE	NEED-REQUIREMENTS	(400)				
411 Shelter Only						
412 Other Basic Budgetary Allowance (Subsistence)						
413 All Basic Budgetary Allowances Combined						
420 Special Circumstance Allowance						
	OTHER	(500)				
510 Proper Person(s) in Budget						
520 Arithmetic Computation						
530 Beneficiary Liability Determination						
540 Grand-fathered Coverage Provisions						
550 Other State Medicaid Criteria						
560 Monthly Reporting						
570 State Only Conditions of Eligibility						
810 Food Stamp Simplification Project						
820 Demonstration Projects						

FOOD STAMP QUALITY CONTROL COMPUTATION SHEET						
		ELIGIBILITY (1)	FINAL SAQC DETERMINATION (2)	(3)	(4)	(5)
Wages, salaries, Federal work study, minus allowable expenses, or other income from employment. (Do not count excluded income)						
Member	Source					
1. Add Line K from Self-Employment addendum sheet (if applicable) and all earned income listed above.						
Educational grants, scholarships, or loans (except Federal work study)						
2. Enter monthly income received from educational grants, etc.						
3. Enter monthly tuition and mandatory fees and other allowable expenses.						
4. Subtract 3 from 2						
5. Add lines 1 and 4						
Unearned income (Do not count excluded income)						
6. Total unearned income.						
Gross monthly income						
7. Add lines 5 and 6						
8. Enter net loss from line K, if applicable.						
9. Subtract line 8 from 7. (Result is gross monthly income.)						
10. Enter appropriate gross income eligibility limit.						
Go to line 11 only if: - line 9 is less than or equal to line 10; or - household contains an elderly/disabled member; or - all members are authorized to receive Public Assistance or SSI.						
DEDUCTIONS: (Other than shelter)						
11. Multiply line 1 by 20% and enter result here.						
12. Subtract 11 from 9.						
13. Enter standard deduction.						
14. Subtract line 13 from 12.						
15. Enter medical costs over limit for household with elderly/disabled member.						
16. Subtract line 15 from 14.						
17. Enter dependent care costs (not to exceed authorized limit).						
18. Subtract line 17 from 16.						

FOOD STAMP QUALITY CONTROL COMPUTATION SHEET					
	ELIGIBILITY WORKER (1)	FINAL SAQC DETERMINATION (2)	(3)	(4)	(5)
19. Enter Child Support Paid to Non-Household members.					
20. Subtract line 19 from 18.					
21. If household had shelter costs, divide line 20 by 2 and enter results here.					
SHELTER COSTS: (Use either the utility standard or the actual cost of each utility bill.)					
Rent or mortgage					
Taxes and insurance					
Total utility standard					
Telephone (Basic rate)					
Electric					
Gas					
Oil					
Water and Sewerage					
Garbage and trash					
Installation of utilities					
Other					
22. Total Shelter costs					
23. Enter amount from line 21.					
24. Subtract line 23 from 22 (Result equals excess shelter costs).					
25. If no elderly disabled member, enter the maximum limit for the shelter deduction.					
NET MONTHLY INCOME					
26. Enter amount from line 20 (income after all deductions except shelter)					
27. If elderly/disabled member, enter line 24. For all other households, enter amount from line 24 or 25, whichever is less.					
28. Subtract line 27 from 26. (Result equals net monthly income)					
29. Enter appropriate net income eligibility limit.					
Go to line 30 only if: - Line 28 is less than or equal to line 29; OR - all members receive Public Assistance or SSI					
ALLOTMENT LEVEL					
30. Enter Thrifty Food Plan for household size.					
31. Multiply line 28 by 30% and enter result here.					
32. Subtract line 31 from 30; (Prorating or applying minimum allotment if required)					

**FOOD STAMP QUALITY CONTROL COMPUTATION SHEET
SELF-EMPLOYMENT ADDENDUM**

FOR HOUSEHOLDS WITH SELF-EMPLOYMENT INCOME: START AT STEP A AND WORK THROUGH STEP K. DO THE STEPS IN ORDER. IF A NEGATIVE NUMBER RESULTS AFTER SUBTRACTING TWO NUMBERS, INSERT ZERO, EXCEPT LINES D, J, AND K		ELIGIBILITY (1)	FINAL SAQC DETERMINATION (2)	(3)	(4)	(5)
FARM SELF-EMPLOYMENT INCOME						
Household Member	Source					
A. Total monthly gross farm self-employment income						
B. Enter monthly farm business costs						
Subtract Line B from Line A, and:						
C. If gross income exceeds costs enter figure here as net farm gain.						
D. If business costs exceed gross income enter figure here as net farm loss.						
SELF-EMPLOYMENT INCOME OTHER THAN FARMING (including room and board payments).						
E. Total monthly gross self-employment income other than farming.						
F. Enter monthly farm self-employment income from Line C (if Applicable).						
G. Add lines E and F. (Result is total self-employment income.)						
H. Enter monthly business costs other than farming.						
I. Subtract line H from G. Result is net monthly self-employment income before taxes; (If Less Than 0, Enter 0.)						
J. Enter net farm loss from line D. (If none, enter 0.)						
K. Subtract line J from I. Enter as a positive number, a negative number or 0.						
If line K shows a net gain, add to wages and salaries on line 1 and enter 0 on line 8 of the Computation Sheet.						
If line K shows a net loss, enter amount on line 8 on the Computation Sheet and make no entry for self-employed income on line 1.						