

**QUALITY CONTROL NEGATIVE CASE ACTION  
WORKSHEET/REVIEW SCHEDULE**

3. Case Number

This report is required under provision of 45 CFR 205.4. Failure to report may result in a finding of noncompliance with State plan requirements. This information is needed for the review of State performance in the denial of termination of benefits.

1. Case Name:

2. Address:

Telephone No.:

4. Date Assigned:

5. Date Completed:

6. Review Month

7. Reviewer's Name or Number:

**I--IDENTIFYING INFORMATION**

A. Status code

B. Local Agency Code

C. Review Number

D. Date of agency decision

E. Effective date of agency action

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F. Category

(Check one)

1.

AFDC

2.

Medicaid

3.

Adult

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G. Type of Action

*If this is a "listed in error" action skip to Item K*

(Check one)

1.

Application denied or otherwise disposed of

2.

Assistance terminated

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**II--CASE RECORD ANALYSIS**

H. Advance notice and hearing requirements (Check one)

1.

Complied with

Not  
complied  
with

2.

Notice not sent

4.

Assistance terminated  
while under appeal

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9.

Not applicable

3.

Assistance terminated prior  
to expiration of notice period

I. (a) Specify recorded reason(s) for action (code primary reason, if more than one)

26 27

Specify recorded substantiation for actions:

(b) Eligibility requirements (Check one)

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1.  Reason for action correct      Unable to determine from case record analysis
2.  Reason for action incorrect      3.  Facts not relevant or complete      4.  Facts not recorded      5.  Facts not substantiated

*if Item (b) 1 or 2 is checked, no further entries are required on this schedule.*

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**III--RESULTS OF FIELD INVESTIGATION**

J. Limited field investigation (check one and complete Section IV)

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1.  Reason for action correct                      2.  Reason for action incorrect                      3.  Unable to determine

*If Item 1 or 2 is checked, no further entries in Section III are required.*

K. Reason for inability to complete the review of field investigation (Check one)  
(Complete this item if item J is checked OR if this is a listed in error action.)

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1.  Listed in error                      2.  Moved out of state                      3.  Unwilling to give information
4.  Unable to locate                      5.  Other (explain) \_\_\_\_\_  
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**IV--FIELD INVESTIGATION WORKSHEET AND EXPLANATION OF ERROR**

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