

QUALITY ASSURANCE (QA) SAMPLE CHECKLIST

This form must be completed by the local agency and attached to the case record prior to submitting the record for Quality Assurance (QA) review. Add case comments to the case file after you receive notice of the QA sample pull to explain any budgeting or eligibility issues on this case. They may help the QA reviewer understand and agree with any unusual circumstances.

A QA reviewer may be contacting you in the near future to discuss the case details.

Case Name _____ Case Number _____

Has the case been referred for fraud investigation? Yes No If "Yes", is a copy of the referral or work in progress notes in the case record? Yes No

Is documentation and verification in the case record completed for the most current review or change in the following areas?

Check	Items To Check
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Household Composition
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Earned income (i.e. AFEI or CMCC, 4.3, 2.15, averaged, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Unearned Income
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Shelter Expense
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Child Care Expense
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	KIDS checked for child support paid out or received by household
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Food Stamp Six-Month Report – (SMRF)

If "No" was checked above, explain what was used to determine eligibility.

If a change has been reported, is the verification: Requested Received Implemented
 Explain: (Include the dates)

SIGNATURE - person completing this form

Date Signed

Title

Telephone Number
()