

FFY 2004 Food Stamp Management Evaluation (Outside NYC)

Review Finding

Correct

Error

Reason: \_\_\_\_\_

FOOD STAMP APPLICATION PROCESSING  
CASE FILE REVIEW DOCUMENT

District: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Case Name: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Type \_\_\_\_\_

Case Status:

PA acceptance (Section I & IIB)

NPA-FS acceptance (Section I)

PA denial (Section I & IIA)

NPA-FS denial (Section IA, IC

& IIB)

PA withdrawal (Section I & IIA)

FS withdrawal (Section IA & B)

PA closing (Section IIC)

(For PA denials, withdrawals and closings, look up corresponding NPA cases.)

Comments/Findings:

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I. Application Processing Note to Reviewer: Gray Areas = System Look-Up or Info. Available on Case list

A. Application Date Agreement	Yes	No	N/A
1. Completed LDSS-2921/LDSS4826 in casefile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date application was filed _____			
<input type="checkbox"/> Date stamp on application			
<input type="checkbox"/> Date written on top of application			
<input type="checkbox"/> Application log date			
<input type="checkbox"/> Other: _____			
3. Application date recorded on WMS _____			
4. Are the dates in 2 and 3 the same?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• if no, explain why _____			
_____			
_____			

**B. Withdrawal From Program**

1. Did client withdraw from PA?
2. Did client withdraw from FS?
3. What is the reason for the withdrawal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STOP HERE IF FS WITHDRAW**

**C. Expedited Processing Timeframes**

1. Is completed Expedited Service Worksheet (LDSS-3938) in casefile?
- Complete Date LDSS 3938 was completed \_\_\_\_\_
- Date missing
- Incomplete; Two or more items missing
- 3938 missing; Reviewer must complete one and attach it to this sheet
2. Does the date in 1 = the Application Date in A above?
3. Determination  Yes  No  N/A
- Eligible for expedited processing (Complete No. 4 and go to Section D)
- Not eligible for expedited processing (Complete No. 4 and go to Section E. If ongoing FS were denied, SKIP to Section IIB)
4. Was determination correct? If not, why not -- (or other comments).
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Expedited Processing Benefit Issuance**

(Pay Type 91 = Expedited; Pay Type 93 = Single Issue but sometimes used inappropriately for expedited issuance.)

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Date of initial food stamp issuance (on BICS) (_____) Pay Type ____                |                          |                          |                          |
| 2. Application Date: _____  |                          |                          |                          |
| 3. Is the date of initial issuance within 5 calendar days of application date?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Date of Notice LDSS-3152 (manual notice or CNS) _____                              |                          |                          |                          |
| 5. Is the date of the notice within 5 days of application date?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Notice certification period established (manual notices only)<br>(     ) – (     ) |                          |                          |                          |
| 7. WMS Certification period (     ) – (     )   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are the dates in 6 & 7 the same?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E. Non-Expedited Processing Benefit Issuance**

(Pay Type 96 = Ongoing; Pay Type 93 = Single Issue.)

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Date of initial food stamp issuance (on BICS) (_____) Pay Type ____                |                          |                          |                          |
| 2. Application Date: _____  |                          |                          |                          |
| 3. Is the date of initial issuance within 30 calendar days of application date?       |                          |                          |                          |
| 4. Date of Notice LDSS-3152 (manual notice or CNS) _____                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the date of the notice within 30 days of application date?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Notice certification period established (manual notices only)<br>(     ) – (     ) |                          |                          |                          |
| 7. WMS Certification period (     ) – (     )   |                          |                          |                          |
| 8. Are the dates in 6 & 7 the same?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STOP HERE IF FS ACCEPTANCE**

Yes No N/A

**II. FS Separate Determinations/FS Denials**

A. PA Denials/Withdrawals

1. Status of food stamps
  - Denied (PA/FS code will equal 03)
  - Accepted (PA/FS code will equal 70 or 71)
2. Was determination correct?  Yes  No  N/A
3. Was FS Application denied prior to the 30<sup>th</sup> day for interview no-show?  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
4. Was FS application denied for FTC with a non-food stamp requirement  
such as FTC with Medical or Drug/Alcohol Evaluation?  Yes  No  
If yes, explain \_\_\_\_\_  
Date of NPA case acceptance \_\_\_\_\_
5. Was notice issued  Yes  No
  - case denial notice, month/date \_\_\_\_\_
  - LDSS-3152 "Action Taken" notice date \_\_\_\_\_

B. FS Denials (including denied FS when PA is approved)

1. Was determination correct?  Yes  No
2. Was a notice issued?  Yes  No  
LDSS 3152 "Action Taken Notice" Date \_\_\_\_\_  
or system generated client notice
3. Was FS Application denied prior to the 30<sup>th</sup> day for interview no-show?  
If yes, explain \_\_\_\_\_  Yes  No
4. Was FS application denied for FTC with a non-food stamp  
requirement  Yes  No  
such as FTC with Medical or Drug/Alcohol Evaluation?  
If yes, explain \_\_\_\_\_  Yes  No

C. TA Closing (This might include *denials* of TA Case Types opened only  
for Exp. FS)

- TA case type: \_\_\_\_  Yes  No  N/A  
TA closing reason code \_\_\_\_  Yes  No  N/A  
Was the case determined eligible for Transitional Food Stamp Benefits?  Yes  No  N/A  
Was the determination correct?  Yes  No  N/A  
Was the household notified of TBA eligibility?  
Notified through:  
 manual notice

<input type="checkbox"/> system generated client notice	Yes	No	N/A
1. If not eligible for transitional benefits, was there information in the case file to make a determination on food stamps ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a request for contact sent to the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were food stamps closed? PA/FS code might equal 08, 09, 80, 81, 90 or 91 ____	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was determination correct?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, why _____			
4. Were food stamps continued until end of original certification period?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, why _____			
What notice was issued on the food stamps action? (Possibly pertinent CNS notice type/detail?)			
<input type="checkbox"/> CNS			
<input type="checkbox"/> Action taken			
<input type="checkbox"/> Notice of intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was this correct?			