

FFY 2002 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:

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 DSS-2921 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did client withdraw from FS? STOP HERE IF FS WITHDRAW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Expedited Processing Timeframes

- | | | | |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Is completed Expedited Service Worksheet (DSS-3938) in casefile? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Complete Date LDSS 3938 was completed _____/_____/_____ | | | |
| <input type="checkbox"/> Date filled out missing | | | |
| <input type="checkbox"/> Incomplete; Two or more items missing | | | |
| <input type="checkbox"/> 3938 missing; Reviewer must complete one and attach it to this sheet | | | |
| 2. Does the date in 1 = the Application Date in A above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | 3. Determination | Yes | No | N/A |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Eligible for expedited processing (Complete No. 4 and go to Section D) | | | |
| <input type="checkbox"/> Not eligible for expedited processing (Complete No. 4 and go to Section E. If ongoing FS were denied, SKIP to Section IIB) | | | |
| <u>4. Was determination correct? If not, why not -- (or other comments).</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | | |
| _____ | | | |
| _____ | | | |

D. Expedited Processing Benefit Issuance

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

- | | | | |
|--------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Date of initial food stamp issuance (on BICS) (/ /) PayType-__ | | | |
| 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) _____ | | | |
| 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 (/ /) - (/ /) | | | |
| 7. WMS Certification period (/ /) - (/ /) | | | |
| 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 91 = Expedited; Pay Type 93 = Single Issue but sometimes used inappropriately for expedited issuance.)

- | | | | |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Date of initial food stamp issuance (on BICS) (/ /) PayType-__ | | | |
| 2. Application Date: _____ | | | |
| 3. Is the date of initial issuance within 30 calendar days of application date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Date of Notice LDSS-3152 (manual notice) _____ | | | |
| 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 (/ /) - (/ /) | | | |
| 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

II. FS Separate Determinations/FS Denials

A. PA Denials/Withdrawals

1. Status of food stamps
 - Denied (PA/FS code might equal 03)
 - Accepted (PA/FS code might equal 70 or 71)
2. Was determination correct?
Date of NPA case acceptance _____
3. Was notice issued
 - 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?
2. Was a notice issued?
LDSS 3152 "Action Taken Notice" Date _____
3. Was FS Application denied prior to the 30th 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?
If yes, explain _____

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

- TA case type: _____
- TA closing reason code _____
- Was the case determined eligible for Transitional Food Stamp Benefits?
- Was the determination correct?
- Was the transitional food stamp separate determination processed using the WMS separate determination process or was an NPA FS case opened? _____
- Was the household notified of TBA through CNS/manual notice?
1. If not eligible for transitional benefits, was there information in the case file to make a determination on food stamps ?
Was a request for contact sent to the household?
 2. Were food stamps closed? PA/FS code might equal 08, 09, 80, 81, 90 or 91 _____

3. Was determination correct?

If no, why _____

4. Were food stamps continued until end of original certification period?

If no, why _____

5. What notice was issued on the food stamps action? (Possibly pertinent CNS notice type/detail?)

- CNS
- Action taken
- Notice of intent

6. Was this correct?