South Carolina Department of Social Services
Economic Services

SNAP CASE REVIEW SHEET

Case Name: _____   County: _____

Case Number: _____   Date Case Was Read: _____

Worker's Name: _____   Reviewer's Name: _____

Type of Action: _____   Denial/Closure Reason: _____   QC Review Month: _____

Review Element	Y	N	N/A	Doc/Ver Error	Pymt Error	Deficiency
Application Processing/ Timeliness						
1. Application properly completed/filed?						
2. Processed timely?						
Household Composition						
3. Household members documented, verified and coded on CHIP correctly?						
Income						
4. All sources of income (earned and unearned) explored, verified and documented?						
5. Income budgeted correctly?						
6. Income correctly entered in CHIP System?						
7. IEVS findings properly documented and acted on?						
Expenses/Deductions						
8. All expenses properly considered, verified, documented and entered in CHIP?						
Verification/Documentation						
9. Does CHIP and the case record verification match client statements and information provided by client?						
Case Decision						
10. Was case properly budgeted?						
11. Was proper eligibility determination made?						
12. Was proper notice sent to household?						
13. Did worker adhere to proper timely/adequate notice requirements?						

Comments: _____

_____

_____

❏ No Deficiencies – Congratulations!   ❏ Deficiencies Noted; Make Corrections By: _____

Date Corrections Made: _____   ESW Signature: _____

DSS Form 16184 (NOV 21) Edition of JUN 07 is obsolete.