

South Carolina Department of Social Services
FOOD STAMP 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?						
BG Comp						
3. BG 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 BG?						
13. Did worker adhere to proper timely/adequate notice requirements?						

Comments: _____

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

Date Corrections Made: _____ ESW Signature: _____