

To:

From:

Date	Case Name	Case No.	Streamlined Reporting	BJN	Original Issue Amount \$
Case Record Location	Sample Month	Review No.	Program <input type="checkbox"/> FS-NPA <input type="checkbox"/> FS-PA <input type="checkbox"/> TANF <input type="checkbox"/> ME:		ME Type Program

Findings

<input type="checkbox"/> Ineligible	\$	Reason <input type="checkbox"/> Not Reviewed:			
<input type="checkbox"/> Overpayment	\$	<input type="checkbox"/> Overissuance	\$	<input type="checkbox"/> Overstatement	\$
<input type="checkbox"/> Underpayment	\$	<input type="checkbox"/> Underissuance	\$	<input type="checkbox"/> Understatement	\$
<input type="checkbox"/> No Defect					

Primary Error Information

Benefit Amount \$	Error Element	Error Responsibility <input type="checkbox"/> Agency <input type="checkbox"/> Client	Potential Fraud <input type="checkbox"/> Yes <input type="checkbox"/> No
Error Occurrence <input type="checkbox"/> Before Agency Action <input type="checkbox"/> At Time of Agency Action <input type="checkbox"/> After Agency Action			
Error Discovery <input type="checkbox"/> Case Record <input type="checkbox"/> Client Interview <input type="checkbox"/> Collateral Source			

Case Study – Enter dates of forms listed below:

Form H1000-B	Application	Worksheet	Other (Enter Form No. and Date)	Case Timely
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If Texas Works policy division does not hear from you by _____ we will assume that you agree with the Quality Control (QC) determination.

Impose a non-compliance penalty due to client refusal to cooperate if this box is checked. The penalty should be imposed through _____, or until the client agrees to cooperate with QCA, whichever occurs first.

Summary of Findings

Signature – Quality Control Analyst

Signature – Quality Control Field Manager