Texas Health and Human Services Commission

Form H1970
January 2003

ONA CASE REVIEW

Registration #	**DR#**	**Applicant Name**
Elig. Specialist Name	☐ **Auto-Denial Only**	**Supervisor/Reader Name**

Purpose of Review:	☐ QC Review	☐ Individual Performance Review	☐ Appeal/Reconsideration
FoxPro Case Status:	☐ Open ☐ Closed	Physical File Location:	☐ Main File ☐ Assigned to:
NEMIS Case Status:	☐ Open ☐ Closed	Current Queue(s):	
Decision Status:	☐ Denial ☐ Approval (Disb / /)		☐ Pending Decision (Category?)

Eligibility Category	**Where Error Occurred**			**Type of Error** (check all that apply)						**Result of Error**	**Dollar Amt.**
	ONA (staff)	NEMIS (system)	FEMA	Doc.	Calc.	Policy	Dmg. Asses.	Mail Q	Letter Choice		
Pers Prop											
Transport.											
Flood Ins.											
Medical											
Funeral											
Mvg&Stg											
Other											

Case Disposition: ☐ No correction needed; case status unchanged. ☐ Assigned to appropriate person/staff for correction. ☐ Correction made by reviewer.

Explanation of Error(s) / Recommendations / Comments:

Reviewer Signature:	**Date:**	**Reviewer Title:**

To be completed by person making correction(s):

Date Rec'd:	**Date Complete:**	**Comments:**
Signature:	**Date:**	**Title:**