

**CASEFILE WORKSHEET
PROGRAM INTEGRITY CLAIMS
Complete one for each file reviewed**

Local Office: Date: Reviewer:	CORRECT: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Immediate Action Needed
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Case Name:	Investigator #:	FSIS or WFFA Case #:	Referral ID #:
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Type of Claim: Unsubstantiated

Administrative Error **Inadvertent Household Error** **Intentional Program Violation**

ELEMENTS	CORRECT			COMMENTS
	Yes	No	N/A	
Reason for Claim:				
1. Was the claim appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was the referral entered in EPICS within 30 days from the Date of Discovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was the period of over issuance correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was the DSS-1682 completed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was the reason for the over issuance and the claim category thoroughly documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Were verifications complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Was participation checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Was the case entered into EPICS correctly and updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. If an IPV claim, was the disqualification imposed timely and entered into EPICS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. If an IPV claim, is the U/P Creation Date in EPICS the same date as on the DSS-8556 or the date presented for criminal prosecution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Were claims establishment timeliness standards met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Was a repayment agreement attempted or signed for non-participating households?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Was the repayment agreement entered in EPICS correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. If the claim is delinquent, is it correctly certified for TOP, DOR, and NCEL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Were notices returned by USPS re-mailed and documented in EPICS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. If the claim is delinquent, have quarterly demand letters been mailed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS				