

**Work First Cash Assistance
Second Party Review Checklist**

Case Name: _____ Period of Review: _____
 County: _____
 Single Parent: _____ Two Parent: _____ Child Only: _____ PDC# _____
 Application/Review Date: _____ Certification Period: _____

All sections must be completed by indicating a check under the appropriate review period. If policy requirement is not applicable to the specific case please indicate in the available box. NCFAST information should be reviewed for data entry accuracy. If third party verifications were obtained, list method in comment section.

Basic Form Requirement (WF 104)	Application	Review	Accurately keyed in NCFAST	N/A	Comments:
Signed Application IEG PDF					
Signed Application & Review Documentation Workbook (DSS-8228)					
Americans with Disability Act Information/Limited English Proficiency					
Language Services Agreement (DSS 10001)					
Right to Apply (DMA-5094)					
Important Information to Know (DSS-8227)					
Notice on the Use of Social Security Numbers (DMA 5001)					
Eligibility Documentation (WF 104) List Verification methods in comments					
Residency (2 forms of verification or DSS-5276) (WF 108)					
Social Security Enumeration (WF 110)					
Citizenship/Qualified Immigrant Status (WF 111)					
Identity (WF 111)					
Kinship (WF 112)					
<i>Third party verification obtained and document signed by judge or other officer of the court for legal custody/guardianship, written statement obtained at review. (WF 201)</i>					
Living With (WF 112)					

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Age Rule for the Children (WF 109)					
Graduation by the age 19 verified when 18 year old included in assistance unit. (WF 109)					
Minor parent included in assistance unit (WF 107)					
Protective payee assigned and set up for minor parent. (DSS-1665)					
Minor parent is living with a parent, legal guardian, or in another adult supervised arrangement.					
Personal Responsibility (WF 103)					
Personal responsibility discussed; Mutual Responsibility Agreement signed. (DSS-6963-A)					
Mutual Responsibility Agreement; Plan of Action Outcome Plan developed and MRA-B signed within 5 days of application. (DSS-6963-B)					
Individual Criminal Violations documented and applied correctly. (WF 104A)					
Student enrollment/attendance verification					
Immunization & Health Check information verified					
Applicant was required to apply for any other benefits. <i>List in comment section.</i>					
Assessments					
Substance Use Screening/testing (WF 104B)					
Signed Audit/DAST-10; Assessment in NC FAST					
Signed Notification of Substance Use Screening Notice (DSS-8218A) for work eligible individuals					
Learning Needs Waiver (DSS-5330) initialed and signed (AI-13-2010)					
Learning Needs Screening Tool (DSS 5327); Assessment in NC FAST.					
Family Violence Option discussed/DSS-6966 signed (WF 104D); Assessment in NC FAST.					
Time Limits Reviewed and documented (list months used in blocks below) (WF 105)					
60-month Federal					

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60-month State (AL-2-2013)					
24-month State					
12-month State					
Income & Budgeting (WF 114, WF 115, & IEM 4000)					
Earned/Unearned income verified. <i>List verification method in comments.</i>					
Resources					
<i>If rebuttal of resources, list third party verification method obtained in comments</i>					
Contribution form provided/received (DSS-8176)					
OVS Run and reviewed					
Child Support referral completed for all absent parents (WF 116)					
Appropriate evidence keyed for all parties					
Participant is in cooperative status with all IV-D cases					
Family Cap assessed (WF 106)					
CAP Evidence entered in NC FAST (as applicable)					
Payment issued timely					
Payment amount correct					
Job Bonus offered/accepted (DSS-8222)(AL 2-2013)					
Rights & Responsibilities NCFast 20009					
Voter registration offered and documented; evidence entered in NC FAST (WF 104)					
Job Quit discussed and documented for work eligible individuals (WF 104)					

Reviewed by: _____

Date Reviewed: _____

Supervisor review by: _____

Date Reviewed: _____