***Santa Barbara County***

**Multiple Programs Case Review Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Case Name: | | | | | | | | 2. Case Number: | | | | | | | | | | | |
| 3. Mo. Of Review: | 4. EW Number : | | | | | | | | | | | | | | | | | | 5.Program |
| 6.Reviewer Name:      Date: | | | | | | | | | | | | | | | | | | 7. Overall Rating: | |
| **Review Item** | | **C**orrect/ **I**ncorrect | | | | | | | | | | | | | | | | **COMMENTS** | |
|  | | **CW** | | | | | **CF** | | | **MC** | | | **GR** | | | | |  | |
| **ELIGIBILITY** | | | | | | | | | | | | | | | | | | | |
| HH Composition / Tax HH / HH Relationship / SFU | | |  | |  | | | |  | | | |  | | | |  | | |
| Deprivation/Aid Category / Linkage | | |  | |  | | | |  | | | |  | | | |  | | |
| Residency | | |  | |  | | | |  | | | |  | | | |  | | |
| Homeless Assistance | | |  | |  | | | |  | | | |  | | | |  | | |
| Primary Wage Earner (100 hrs) | | |  | |  | | | |  | | | |  | | | |  | | |
| Work Registration/ WTW/ E&T/ Exemptions | | |  | |  | | | |  | | | |  | | | |  | | |
| Time on Aid / WDTIP / C.S. Recoup. | | |  | |  | | | |  | | | |  | | | |  | | |
| Penalties / Sanctions / Job Quit / Vendor Payments | | |  | |  | | | |  | | | |  | | | |  | | |
| Indigent / Sponsor / Refugee | | |  | |  | | | |  | | | |  | | | |  | | |
| Employable / Not Employable | | |  | |  | | | |  | | | |  | | | |  | | |
| Referral to SSI Advocate | | |  | |  | | | |  | | | |  | | | |  | | |
| Special Program ( QMB, SLMB, OI-1, A&D, 250%, Pickle, and FPL’s) | | |  | |  | | | |  | | | |  | | | |  | | |
| **PERMANENT VERIFICATIONS** | | | **CW** | | **CF** | | | | **MC** | | | | **GR** | | | |  | | |
| Citizenship /LPR /Sponsor/ Indigent /ID /SSN/Alien Status/ Marriage Date/ Preg. Verification | | |  | |  | | | |  | | | |  | | | |  | | |
| SFIS | | |  | |  | | | |  | | | |  | | | |  | | |
| Immunization | | |  | |  | | | |  | | | |  | | | |  | | |
| **FORMS** | | | **CW** | | **CF** | | | | **MC** | | | | **GR** | | | |  | | |
| SAWS 1 | | |  | |  | | | |  | | | |  | | | |  | | |
| SOF/Appropriate Supplements/ (SAWS 2 Plus/CF285, RRR Application) | | |  | |  | | | |  | | | |  | | | |  | | |
| Intake/Ongoing Packet (W-560, Diversion E -29, CW 2101 / CCP 7SB), CW2.1, W-200, SSP14, | | |  | |  | | | |  | | | |  | | | |  | | |
| Domestic Violence E -46 | | |  | |  | | | |  | | | |  | | | |  | | |
| MC13’s | | |  | |  | | | |  | | | |  | | | |  | | |
| DocSTAR (Forms /Verifications /E-Verified) | | |  | |  | | | |  | | | |  | | | |  | | |
| Other | | |  | |  | | | |  | | | |  | | | |  | | |
| **RESOURCES** | | | **CW** | | **CF** | | | | **MC** | | | | **GR** | | | |  | | |
| Property Eligible | | |  | |  | | | |  | | | |  | | | |  | | |
| Property Verifications (Bank Statements, Vehicle Registrations/ KBB Value/CW80) | | |  | |  | | | |  | | | |  | | | |  | | |
| **INCOME** | | | **CW** | | **CF** | | | | **MC** | | | | **GR** | | | |  | | |
| Earned Income | | |  | |  | | | |  | | |  | | | | |  | | |
| Unearned Income | | |  | |  | | | |  | | |  | | | | |  | | |
| Self Employment (Taxes/40%Deduction/CSF33/CSF35) | | |  | |  | | | |  | | |  | | | | |  | | |
| CalWORKs / GR Grant | | |  | |  | | | |  | | |  | | | | |  | | |
| **DEDUCTIONS** | | | **CW** | | **CF** | | | | **MC** | | | **GR** | | | | |  | | |
| Dependent Care (Non-MAGI) | | |  | |  | | | |  | | |  | | | |  | | | |
| Special Needs | | |  | |  | | | |  | | |  | | | |  | | | |
| Child Support /Child Support Disregard (Non-MAGI) | | |  | |  | | | |  | | |  | | | |  | | | |
| Shelter Deduction | | |  | |  | | | |  | | |  | | | |  | | | |
| SUA / LUA / TUA / SUAS | | |  | |  | | | |  | | |  | | | |  | | | |
| Medical Deduction / Expenses / OHC (Non-MAGI) | | |  | |  | | | |  | | |  | | | |  | | | |
| **DRA** | | | **CW** | | | | **CF** | | **MC** | | | **GR** | | | |  | | | |
| Citizenship and ID verified and posted on MEDS (QE Screen) | | | |  | | |  | |  | |  | | | | |  | | | |
| DHCS 0011 on file/E-verified | | | |  | | |  | |  | |  | | | | |  | | | |
| **TIME FRAMES** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | | | |  | | | |
| Intake App Processed 30/45 days | | | |  | | |  | |  | |  | | | | |  | | | |
| RRR Processed timely | | | |  | | |  | |  | |  | | | | |  | | | |
| Immediate Need (Issued/Granted w/in 24 hrs) | | | |  | | |  | |  | |  | | | | |  | | | |
| Expedited CalFresh Processed 3 days | | | |  | | |  | |  | |  | | | | |  | | | |
| Change in circumstance | | | |  | | |  | |  | |  | | | | |  | | | |
| **CLIENT CORRESPONDENCE** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | | | |  | | | |
| NOA’s / Correspondence / CW-2200 | | | |  | | |  | |  | |  | | | | |  | | | |
| Overpayment | | | |  | | |  | |  | |  | | | | |  | | | |
| Underpayment | | | |  | | |  | |  | |  | | | | |  | | | |
| Appropriate 10-day Notice | | | |  | | |  | |  | |  | | | | |  | | | |
| Print Queue Cleared | | | |  | | |  | |  | |  | | | | |  | | | |
| **CASE COMMENTS** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | | | |  | | | |
| Actions Documented | | | |  | | |  | |  | |  | | | | |  | | | |
| Held Changes | | | |  | | |  | |  | |  | | | | |  | | | |
| Expedited Services / Immediate Need | | | |  | | |  | |  | |  | | | | |  | | | |
| Budget Calculation (Multiplier) | | | |  | | |  | |  | |  | | | | |  | | | |
| Horizontal Integration | | | |  | | |  | |  | |  | | | | |  | | | |
| Mandatory Templates | | | |  | | |  | |  | |  | | | | |  | | | |
| **CalWIN ENTRIES** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | | | |  | | | |
| Data Collection (Eff. Begin / End Dates, UEM’s, RRR date, etc.) | | | |  | |  | | |  | |  | | | | |  | | | |
| External Referrals Cleared | | | |  | |  | | |  | |  | | | | |  | | | |
| SSI and Medicare Windows Completed | | | |  | |  | | |  | |  | | | | |  | | | |
| Wrap-up | | | |  | |  | | |  | |  | | | | |  | | | |
| Case Authorized | | | |  | |  | | |  | |  | | | | |  | | | |
| **MEDS** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | | | |  | | | |
| Eligibility Benefits on MEDS / Screen prints on file | | | |  | |  | | |  | |  | | | | |  | | | |
| CalWIN/MEDS Benefits Match (MAGI/PE) | | | |  | |  | | |  | |  | | | | |  | | | |
| **IEVS / SAVE** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | | |  | | | | |
| IEVS on file for each person | | | |  | |  | | |  | |  | | | |  | | | | |
| IEVS Processed | | | |  | |  | | |  | |  | | | |  | | | | |
| SAVE Requested/Verified | | | |  | |  | | |  | |  | | | |  | | | | |
| **ALERTS** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | | |  | | | | |
| Alerts Processed and Cleared | | | |  | |  | | |  | |  | | | |  | | | | |
| **OTHER - Specify** | | | | **CW** | | **CF** | | | **MC** | | **GR** | | |  | | | | | |
|  | | | |  | |  | | |  | |  | | |  | | | | | |
|  | | | |  | |  | | |  | |  | | |  | | | | | |
| **BSC** TMT Task(s) Completed:  Yes  No | | | | Comments | | | | | | | | | | | | | | | |
| **Return Correction(s) by:** | | | | | | | **Date Correction(s) Completed:** | | | | | | | | | | | | |
| Additional Comments**:** | | | | | | | | | | | | | | | | | | | |
| Worker Response:  Agree Disagree  Comments: | | | | | | | | | | | | | | | | | | | |