***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 [ ] DisagreeComments:       |