SNAP Management Evaluation Case Review Form Guide
Case and Procedural Error Review (CAPER)
Preface

Thank you for your cooperation with the Minnesota Department Human Services Management Evaluation Review. The following pages are to serve as a guide on how to use the SNAP Management Review Tool form. Features of the guide include bookmarks to specific sections, screenshots, and policy references. It is not necessary to read the entire guide. This page will give the basic information required to complete a case review using the SNAP Management Review Tool. If there are questions regarding a particular section of the Review Tool, you can use the guide to obtain details to assist you, the reviewer, in making the appropriate selection. Please review the following basic, yet pertinent information in regards to the various fields in the Review Tool, how to use them and general information regarding case review criteria.

Bookmarks - The Review Tool has 7 main sections. The reviewer can click on the bookmark icon next to the name of the corresponding section to be taken to the part of the guide that contains detailed information for each question within that section.

Date Fields – MM/DD/YYYY format

Name Fields – Last, First, MI format

Radio buttons – Indicates if criteria referenced is correct, incorrect or not applicable. Radio button selections effect if the case is considered correct or incorrect, i.e., if a “No” radio button is chosen, this will result in the case finding being incorrect.

Drop down boxes - Click the arrow and choose the answer corresponding to the question being asked. Drop down boxes are for informational purposes and do not indicate if the case is correct or incorrect.

Comment section- If a deficiency is found in any section by choosing ”No” (radio button), explain in the text box below the section. Be sure to note the member number and identify the deficiency. The reviewer can also use this section to take notes.

Tool tips – Hovering the mouse over a radio button will result in a “tool tip” to populate with some basic instructions on how to determine accuracy and/or deficiency

For any questions or concerns regarding the SNAP Management Review Tool, please contact Ruth Maloney.
Case Information

Worker ID
- X1(2 digit county number)XXX Format. Known as the “PW” number and identifies what financial worker or team case load a case belongs to
- Enter the Financial Worker or Case banking team PW number

Supervisor ID
- Review REPT/USER for the Financial Worker or Case banking team identified
- Enter the Supervisor PW number listed on REPT/USER for the worker or team identified

Reviewer ID
- Enter PW number of the individual reviewing the case

Case ID
- MAXIS case number
- Enter 8 digits (if MAXIS case number is less than 8 digits, enter applicable number of leading zeros)
- Example- MAXIS case number is 91678, therefore Case ID is 00091678

Case name
- Can be found a few ways in MAXIS, located at bottom of screen next to “Name: “ : CASE/PERS, ELIG/FS, for example
- Also is MEMB/01
- Enter case name in this format: Last name, First name, Middle initial

Review month/year
- Enter the corresponding month and year of review

Application date
- Enter the application date found on STAT/PROG

Interview Date
- Enter most recent interview date
- If new application/certification, see STAT/PROG
- May also be found on date-stamped documentation, i.e., the application
- If last application was for recertification, the date the application was received may be found in CASE/NOTE
Case Information

Date of Action
- Review **ELIG/FS** in the month of review. Enter the most recent date of approval reflecting/affecting the benefits received in the month of review.
- Note: Approval may be due to mass change, six month review, HRF, certification/recertification reported change, etc.

Recertification rcvd date
- If last application was for recertification, the date the household was interviewed may be found in CASE/NOTE or STAT/REVW in the footer month of the recertification
- Enter the date the last recertification application was received.

Reporting Type
- Enter the reporting type found on last page of **ELIG series (FSSM)** of the most recent approved budget

Action taken
- SNAP Termination- Choose this option if SNAP was active and due to a change or other circumstances SNAP benefits were closed
- SNAP Denial- Choose this option if it was a new application for SNAP and household was determined ineligible
Termination

Does a termination exist?

- Yes- Choose this option if SNAP case was open (active, ongoing receipt of SNAP benefits) and benefits terminated
- No- Choose this option if it was a new application (SNAP benefits not actively received) and benefits were denied

10 days notice of adverse action allowed

- CM 0026.12.03
- Yes- Choose this option if the agency allowed the household 10 days to provide requested verifications and/or other required cooperation prior to termination.
- No- Choose this option if the agency did not allow the household 10 days to provide requested verification and/or other required cooperation prior to termination and does not meet an exception (See Override code use).
- N/A- Choose this option if the household was not allowed 10 days due to an exception and an Override code was used. Please complete the “Override code use” section.

Override code use

- CM 0026.12.09
- 10 Day Notice Override Reasons and Codes in MAXIS
- Yes - Choose this option if override code used appropriately and accurately
- No - Choose this option if override was not used appropriately and accurately; household should have been provided a 10 day notice
- N/A – Choose this option if override code was not used for termination
Denial

Does a denial exist?
- Yes - Choose this option if the SNAP benefits were not active and ongoing on the date of application and the request for SNAP benefits was denied.
- No - Choose this option if the SNAP case was open (active, ongoing receipt of SNAP benefits) and benefits were terminated.

Interview complete
- CM 0005.12.12
- Yes – Choose this option if an interview was completed
- No – Choose this option if an interview was not completed

Was the case pending 30 days or more:
- CM 0005.12.15
- Yes - Choose this option if the application for SNAP pended for 30 days or more from the date of application
- No - Choose this option if the application for SNAP did not pend for 30 days and/or request denied prior to the 30th day.

Pending notice date
- CM 0005.12.15, POLI/TEMP TE01.05.105, TE02.07.243
- If application for SNAP pended for 30 days or more, enter the date the pending notice was sent. (SPEC/WCOM)
- N/A - Check this box if the application did not pend for 30 days or more or a pending notice was not sent.

Delay reason shown on pending notice (if sent):
- POLI/TEMP TE02.07.243
- Choose Agency if application pending notice delay reflected on the notice is an agency delay.
- Choose Client if application pending notice delay reflected on the notice is a client delay.

Appointment document on file
- CM 0005.12.12
- Appointment document criteria: Specific date and time frame not to exceed 4 hours, a copy must be given to the client in the office or mailed, as well as a copy in the case file.
- Yes – Choose this option if the appointment was scheduled and DHS approved documentation was used to notify applicant of the appointment.
Denial

- No – Choose this option if no documentation of appropriate appointment notification was found in the case file.
- N/A- Choose this option if client interviewed at application, i.e., walk-in, or other reason where appointment notice not required.

NOMI sent

- CM 0005.12.12, POLI/TEMP TE02.05.15
- If applicant missed the eligibility interview (phone or in person) appointment, did agency send a Notice of Missed Interview (NOMI) as required?
  - Yes- Choose this option if the applicant missed the eligibility interview appointment and the agency sent the NOMI to applicant as required.
  - No- Choose this option if the applicant missed the eligibility interview appointment and agency did not send the NOMI to the applicant as required.
  - N/A- There was not a missed interview for this application.

Pending notice sent (& timely)

- MAXIS will send out a pending notice on the 30th day following the application date if all elements of application entered correctly and timely in MAXIS.
  - Yes- Choose this option if case APPL’d, updated and pended timely, resulting in a pending notice to be sent timely.
  - No- Choose this option if pending notice was not generated accurately and/or timely.
  - N/A- Choose this option if a pending notice was not sent or required.

Pending notice delay cause

- CM 0005.12.15.03, 05.12.15.06
  - Yes- choose this option if notice accurately reflects client or agency delay
  - No- Choose this option if notice does not accurately reflect client or agency delay
  - N/A- Choose this option if there was not a pending notice delay.

Denied on/after 30th day

- CM 0005.12.15
  - Yes– Choose this option if the application pended and was denied on or after the 30th day following the date of application.
  - No- Choose this option if the application was improperly denied before the 30th day following the date of application.
  - N/A- Choose this option if there was an exception and the case was correctly denied before the 30th day following the date of application.
Verification

Does a verification request need exist?

- Yes – Choose this option if after application and/or interview of the applicant, additional verifications were required to determine eligibility.
- No – Choose this option if after application and/or interview of the applicant, additional verifications were not required to determine eligibility.

Items requested for FS

- CM 0010.18, 0010.18.02
- Review CASE/NOTE and case file documents such as the DHS 2919A/B for verifications requested to determine eligibility. Enter the individual items requested to determine eligibility in this field.

Request form used

- Review the case file for applicable request forms DHS 2919 A/B, DHS 2414, IEVS Difference Notice, or other DHS allowable documentation and select the corresponding field.

Verification request date

- Review the case file for the applicable request forms DHS 2919 A/B, DHS 2414, IEVS Difference Notice, or other allowable documentation. Enter the date the documentation was generated in this field.
- N/A Choose this option if an applicable request form was not sent.

Verification due date

- Review the case file and applicable request form for the date indicated as the due date for the requested verifications to be returned by. Enter this date in this field
- N/A Choose this option if a need to request verifications/send a request form did not exist.

Verification received date

- Review the case file and/or CASE/NOTE applicable requested and received verifications. Enter the date documented by the agency that the applicable verifications were received in this field.
- N/A – Choose this option if a verification request need did not exist or verifications were requested but not provided by the applicant/household.
Verification

Request Form Sent

- Yes – choose this option if a DHS approved request form was sent to request required verifications to determine eligibility for FS and the documentation is in the case file.
- No – choose this option if a DHS approved request form was not sent or an unallowable form was used to request required verifications to determine eligibility for FS and/or the documentation is not in the case file.
- N/A – choose this option if there was not a need for a request form to be sent.

Request form completed

- Yes: Choose this option if request form was found in case file and completed appropriately. Documentation must clearly state date, agency identifying information, due date, case information, and where/how to send the requested verification. If documentation exists but does not contain all of the required elements, choose “No”.
- No: Choose this option if request form was found in case file and was not completely correct. Documentation must clearly state date, agency identifying information, due date, case information, and where/how to send the requested verification. If documentation exists but does not contain all of the required elements, choose “No”.
- N/A- Choose this option if a request form was not required.

Verification required

- CM 0010.18, 0010.18.02
  - If the agency requested verifications to determine SNAP eligibility, were the verifications requested required and/or mandatory and requested accordingly?
  - Yes – Choose this option if the agency requested verifications required/mandatory for SNAP eligibility determination.
  - No – Choose this option if the agency requested verifications that were not required and/or mandatory for SNAP eligibility determination.
  - N/A – Choose this option if a need to request verifications did not exist.

10 Days allowed

- Was the applicant appropriately given 10 days to provide required verification to determine eligibility? CM 0010.21
- Yes- Choose this option if the applicant was appropriately given 10 days to provide required verification to determine eligibility.
- No- Choose this option if the applicant required 10 days to provide required verification but agency did not allow the client the required time to provide the required verification.
Verification

- N/A – Choose this option if 10 days to provide required verification was not required.

Verification acted on timely

- For changes resulting in termination, changes must be effective no later than the month following the month the change was reported. Did the agency act on the verifications provided timely? CM 0008.06.01
- For denials, agencies are to determine eligibility as soon as the required verifications are received and/or within processing standard guidelines. Did the agency act on the verifications provided within the processing standard guidelines? CM 0005.12.15
- Yes – Choose this option if the agency acted on received verifications timely.
- No – Choose this option if the agency did not act on received verifications timely.
- N/A- Choose this option if there was not a verification need or verifications requested were not returned by the applicant.
Does an ABAWD exist?
- CM 0011.24
- Yes- Choose this option if an ABAWD (ineligible or eligible, mandatory) is listed in the assistance unit
- No- Choose this option if there is not an ABAWD (ineligible or eligible, mandatory) listed in the assistance unit.

ABAWD member number/s
- List the corresponding reference number/s of the assistance unit member/s identified as ABAWD in this field.

ABAWD age range
- Under 18 – Choose this option if the ABAWD is under the age of 18.
- 18-49 – Choose this option if the ABAWD is 18 through 49 years of age.
- 50 or older – choose this option if the ABAWD is age 50 or older.

Cmdty/Other st FS end date (MEMI)
- Review STAT/MEMI Cmdty/Other St FS End Date field for the corresponding ABAWD member/s. If there is a date listed within the last 36 months prior to the month of review, enter that date in this field.
- N/A- Choose this option if there is no date listed in this field in MAXIS or the date listed is before the last 36 months prior to the month of review.

SNAP rcvd in another state (application)
- If last or initial certification was within the last 36 months to the month of review, was SNAP received in another state? If so, review the application and/or CASE/NOTE to determine the previous state of receipt.
- Yes- Choose this option if SNAP was received in another state within the last 36 months prior to the month of application
- No – Choose this option if SNAP was not received in another state

Other state (MEMI)
- If SNAP was received in another state within the last 36 months prior to the month of application, choose the corresponding state from the drop down menu and should correspond with STAT/MEMI.

Other state waiver status
- If SNAP was received in another state within the last 36 months prior to the month of application, review the list of ABAWD waivered states and indicate whether the state had a statewide waiver, a partial waiver or no waiver.
ABAWD

- No waiver- Choose this option if the corresponding state did not have a federal waiver at the time of receipt.
- Partial waiver – Choose this option if the corresponding state had a partial waiver at the time of receipt.
- Statewide waiver – Choose this option if the corresponding state had a partial waiver at the time of receipt.
- USDA ABAWD State Waiver List

FSET Work reg status code

- Review STAT/WREG FSET Work reg status field in MAXIS for the corresponding case. Choose the corresponding code listed in this field from the drop down menu.
- POLI/TEMP TE02.05.70, TE02.05.70.03

ABAWD status code

- Review STAT/WREG ABAWD Status field in MAXIS for the corresponding case. Choose the corresponding code listed in this field from the drop down menu.
- POLI/TEMP TE02.05.70

Defer FSET/No funds

- Review the STAT/WREG Defer FSET/No Funds (Y/N) field in MAXIS for the corresponding case.
- Y - Choose “Yes” from the drop down menu
- N – Choose “No” from the drop down menu
- POLI TEMP TE02.05.70, TE02.05.68, TE02.05.69

FSET Orientation date

- Review the STAT/WREG FSET “Orientation date” field in MAXIS for the corresponding case.
- If applicable enter the date listed in this field.
- N/A- Choose this option if no date is listed.
- POLI TEMP TE02.05.70

ABAWD tracking records months

- Review the STAT/WREG SNAP ABAWD Tracking Record in MAXIS.
- Enter the counted months with either a MAXIS or Worker Entry

MONY/INQX FS full months issued

- Review MONY/INQX from the last 36 months prior to and including the month of review for food support issuances
- Enter the months reflecting full, not prorated food support issuance
Referral sent (INFC/WORK)
- Review INFC/WORK
- Was a referral sent?
  - Yes – Choose this option if there was a referral sent
  - No – Choose this option if there was not a referral sent
  - N/A – Choose this option if a referral was not required

Referral Date
- Review INFC/WORK
  - If a referral was sent, enter the date in this field.

Countable months
- Are the months identified as countable correct per policy?
  - Yes – Choose this option if countable months are counted correctly
  - No – Choose this option if months were not counted correctly
  - N/A – Choose this option if countable months were not applicable to the case

WREG Coding
- Review STAT/WREG FSET Work Reg Status. Is this status correctly coded?
  - Yes – Choose this option if STAT/WREG FSET Work Reg status is coded correctly
  - No – Choose this option if STAT/WREG FSET Work Reg status is not coded correctly
  - N/A – Choose this option if STAT/WREG FSET Work Reg status coding accuracy is not applicable

Sanction
- Review STAT/WREG FSET Work Reg Status. Does the code reflect an imposed sanction? If so, was the sanction imposed accurately? Review CASE/NOTE and case documentation
  - Yes – Choose this option if a sanction was imposed properly.
  - No – Choose this option if a sanction was imposed, but the sanction was improper.
  - N/A – Choose this option if a sanction was not imposed.

Other
- No- Choose this option if there are other deficiencies to address regarding ABAWD/s in the case.
- N/A- Choose this option if there are no deficiencies to address regarding ABAWD/S in the case.

Other description/Additional ABAWD information
- If you chose “no” in the previous question, please describe the deficiency.
Other review items

Adequate case notes

- Review CASE/NOTE for all actions resulting in termination or denial of the FS benefit being reviewed, e.g. ABAWD details, verifications requested, interview, etc.. Were all actions taken resulting in termination or denial of FS benefits documented and explained sufficiently?
  - Yes – Choose this option if all actions taken were documented and/or explained sufficiently
  - No – Choose this option if all actions taken were not documented and/or explained sufficiently
Notice

Notice reasons

- In MAXIS review SPEC /WCOM, Review month (MM/YY) and/or CASE/NOTE, and choose the notice corresponding to the action and most recent date of action being reviewed
- Enter reasons reflected on notice related to action being reviewed

All notice reasons valid

- All reasons listed on the notice must be correct and match reasons documented in CASE/NOTE, MAXIS entries
- All reasons must be valid according to SNAP policy
- Yes- Choose this option if all reasons listed on notice are correct, match reasons documented in CASE/NOTE, MAXIS entries and all reasons for closure or termination are valid according to policy
- No- Choose this option if all notice reasons are not accurate – notice must clearly describe reason for negative action. Negative actions are not entered properly in CASE/NOTE
- N/A- Choose this option if a notice was not sent to household

STAT/PACT and/or FIAT use

- Was STAT/PACT or FIAT used appropriately?
- See POLI TEMP TE02.13.10 for STAT/PACT
- See POLI TEMP TE02.06.03 for FIAT
- Yes- Choose this option if STAT/PACT and/or FIAT was used appropriately and documented in CASE/NOTE
- No – Choose this option if STAT/PACT and/or FIAT was not used appropriately and/or negative actions are not entered properly in CASE/NOTE
- N/A- Choose this option if STAT/PACT and/or FIAT was not used for adverse action
Appendix – STAT/PROG

Client A

01/26/16 09:59:33

MAXIS

Program Designation (PROG)

FMCDKAM1

1 of 1

Ref Last First M
01)

Client, Client A

Applicant Date

Elig Begin Date

Interview Date

Prog Status

Cash I: ___ ___ ___ ___ ___ ___ ___
Cash II: ___ ___ ___ ___ ___ ___ ___
Emer: ___ ___ ___ ___ ___ ___ ___
GRH: ___ ___ ___ ___ ___ ___ ___
FS: 12 28 15 12 28 15 12 28 15
IV-E: ___ ___ ___ ___ ___ ___ ___
HC: 12 31 15 ___ ___ ___ ___ ___ ___

CCAP:

Application Referral Source: ___

Migrant/Seasonal Farmworker (Y/N): N

Mode: D Function: Case Nbr: 99999

Sv: 02 PW: X999123

Month: 01 16 Command: ___ ___ ___

SW: Updated: 01 06 16 User: PWCGB45
### Appendix - Date of Action

<table>
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<th>Begin</th>
<th>Bdgt</th>
<th>Sv</th>
<th>Pw</th>
<th>SW</th>
<th>Name</th>
<th>User</th>
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<tr>
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<td>Client A</td>
<td></td>
<td>Y A - COUNTED</td>
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<td>02</td>
<td>X99912</td>
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<td>Client, Client A</td>
<td>PWCG845</td>
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- **Function:** ELIG
- **Case Nbr:** 9999
- **Month:** 01
- **Command:**

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*01/26/16 10:55:37 Version: 1 of 1
APPROVED - 01/19/16

MAXIS
FS Eligibility Results
Person Results (FSPR)
Process Date: 01/19/16
Prev Approval: STAT*
<table>
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<tr>
<th>Date of Last Approval</th>
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<tbody>
<tr>
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<tr>
<td>Maximum Resources</td>
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<td>Net Adjusted Income</td>
<td>$587.00</td>
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<td>Monthly FS Allotment</td>
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<td>Reporting Status</td>
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<td>Source of Information</td>
<td>STAT</td>
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<td>Benefit</td>
<td>INCREASE</td>
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<td>Eligibility Review Date</td>
<td>12/01/16</td>
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<tr>
<td>Budget Cycle</td>
<td>PROSP</td>
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<tr>
<td>Number In Assistance Unit</td>
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<tr>
<td>EXPEDITED STATUS</td>
<td>(X-VIEW)</td>
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<tr>
<td>Benefit Amount</td>
<td>$17.00</td>
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Function: ELIG  Case Nbr: 0000  Month: 01 16  Command:  
Sw: 02  Pw: X999123  Name: Client, Client A  User: PWCGB45
Appendix – ELIG series (FSSM)

01/26/16 11:39:11
MAXIS
Notice Display (WCOM)
Benefit Month: 11 / 15
HC Only: N (Y/N)

Approval Prg
Act Date Typ Notice Document Description HC Rcptnt Print
_ 10/12/15 FS ELIG Approval Notice 01 Printed

Function: SPEC Case Nbr: 999999 Month: 11 15
Co: 02 Name: Client, Client A
PW: X99912 Command: MORE:
User: PWCB145

01/26/16 11:43:03
Client Copy

* This information is available in other forms to people with disabilities by calling your county worker, DAWN T at (763) 717-7783.
* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
* The back of this page lists your appeal rights and responsibilities.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NOTICE OF DECISION

Your SNAP case will be closed as of November 01, 2015 because:

PROOFS NEEDED - You failed to provide the following proofs that we asked for:

Wages

Notice of Termination
### 10 day notice of adverse action Override Codes and Reasons

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>All Members Have Died</td>
</tr>
<tr>
<td>02</td>
<td>All Members Moved Out-Of-State</td>
</tr>
<tr>
<td>03</td>
<td>Unit Requests Termination</td>
</tr>
<tr>
<td>04</td>
<td>HRF Information Through MONT</td>
</tr>
<tr>
<td>05</td>
<td>Recert (Monthly And Non-Monthly)</td>
</tr>
<tr>
<td>06</td>
<td>Closed Case - No HRF, Is Reinstated, But HRF For 2nd Month Not Provided</td>
</tr>
<tr>
<td>07</td>
<td>Member Found Guilty Of Fraud And, Received Court Ordered Sanction</td>
</tr>
<tr>
<td>08</td>
<td>Mass Change In PA Of Federal Benefit</td>
</tr>
<tr>
<td>09</td>
<td>Units Allotment Decreased In The 2nd Mo Of Participation &amp; Unit Was Notified At Time Of Cert</td>
</tr>
<tr>
<td>10</td>
<td>Unit Has Appl For PA Pending At Time FS Was App &amp; Unit Was Notified Of Reduced Benefit At Time Of Cert</td>
</tr>
<tr>
<td>14</td>
<td>SR Information Through REVW</td>
</tr>
</tbody>
</table>
Appendix- NOMI

01/26/16 16:09:33  Client Copy

* This information is available in other forms to people with disabilities by calling your county worker, VICKI P. at (763) 717-7733.
* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
* The back of this page lists your appeal rights and responsibilities.

APPLICATION INTERVIEW REMINDER

Dear Client, Client A

You recently applied for assistance in ANOKA CO ECONOMIC ASSISTANCE COUNTY on 10/07/13. You missed an interview appointment that was scheduled on 10/17/13. An interview is required to process your application.
### Appendix – Pending Notice

**Notice Display (WCOM)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Doc Type</th>
<th>Description</th>
<th>HC</th>
<th>Ref</th>
<th>Status</th>
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<td>FS</td>
<td>ELIG Approval Notice</td>
<td>01</td>
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<tr>
<td>09/16/13</td>
<td>FS</td>
<td>Autoclose Notice</td>
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**Function:** SPEC  **Case Nbr:** 99999  **Month:** 11  **Command:** ____ ____ ____

**Co:** 02  **PW:** X99912  **Sw:**  **Name:** Client, Client A  **User:** PWCGB45

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**01/26/16 16:28:35**  **Client Copy**  **FMIZVAM1**

* This information is available in other forms to people with disabilities by calling your county worker, VICKI P. at (763) 717-7733.

* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

* The back of this page lists your appeal rights and responsibilities.

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**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NOTICE OF DECISION**

Your application for SNAP has been pended as of October 07, 2013 because:

You have not provided all the requested information. (Auth:5)
| Client, Client A | 000-00-0000 | 111111 |
| Client, Client B |            |        |
| Client, Client C |            |        |
| Client, Client D |            |        |
| Client, Client E |            |        |
| Client, Client F |            |        |
| Client, Client G |            |        |

**Additional Member Info (MEMI)**

- **Ref Last First M**: 000-00-0000
- **Ref Nbr**: 111111
- **SSN**: 123-45-6789
- **PMI**: 000-00-0000
- **PMI Type**: M
- **Actual Dt**: 01/31/97
- **SMI**: M
- **Marital Status**: S
- **Spouse Ref Nbr**: __
- **Last Grade Completed**: 00
- **Citizen (Y/N)**: Y
- **Citizenship Ver**: NP
- **MA Citizenship Ver**: A
- **Cmdty/Othrs St FS End Dt**: 01/31/97
- **GRH St Resi (Y/N)**: __
- **In MN > 12 Months (Y/N)**: Y
- **Residence Ver**: 4
- **MN Entry Date**: __ __ __
- **Former State**: __
- **Time Limit**: __
- **Temporary Residence**: __
- **Placement Type**: __
- **Adoption Assistance**: __
- **Minor Crgvr Lvg Arrang**: __
- **TANF Exemption**: __
- **Fam Vio Waiver Beg Dt**: __ __ __

**Mode**: D  **Function**: STAT  **Case Nbr**: __ __ __

**Month**: 09 14  **Command**: __ __ __

**Sv**: 02  **PW**: x999123  **Updated**: 09 02 08  **User**: PWCGB45
Appendix – STAT/WREG

Client, Client A

X999123

01/26/16 17:35:39

MAXIS Work Registration (WREG) FMCDJAM9

1 of 1

Ref Last First M * Ref Nbr: 01 Client, Client A

* Food Support (Y/N): N FS PWE (Y/N): Y

* FSET Work Reg Status: 30 Defer FSET/No Funds (Y/N): N

* FSET Orientation Date: 10 16 15

* FSET Sanction Begin Date: ___ ___ ___

* Number Of Sanctions: ___

* ABAWD Status: 06 _ ABAWD Tracking Record

* GA Eligibility Basis: 99 GA Cooperation: ___

* Employment Assess Date: ___ ___ ___

* RCA Participation Status: ___

* RES Referral Date: ___ ___ ___ _ RES Provider Info

Mode: D Function: STAT Case Nbr: ___ 0000 Month: 01 16 Command: ___ ___ ___

Sv: 02 PW: X990123 SW: Updated: 10 12 15 User: PWGCB45
### Appendix – ABAWD Tracking Record

**Client, Client A**

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</table>

**WORKER ENTRY**
- **M** = Counted Month
- **N** = Counted Month, eligible for additional 3 months
- **D** = Worker deleted

**MAXIS ENTRY**
- **X** = Counted Month
- **Y** = Counted Month, eligible for additional 3 months

**Mode:**
- **Enter**
- **PF3**
- **PF9**
- **PF10**
- **PF11**
- **PF12**

**Sys:**
- **EXIT**
- **EDIT**
- **OOPS**
- **TRBL**
- **INFO**