

## QUALITY IMPROVEMENT REPORT

ND Department of Human Services/Food Services  
SFN 643 (03-04)

Case Name:	County Office:
QC Review Number:	Review Month:
Case Number:	Date Quality Improvement Report Completed:

The purpose of this report is to give eligibility workers the opportunity to provide additional detailed information to the state Food Stamp program staff. Use this form to review the error and analyze the primary, secondary and all contributing factors surrounding the error. Information gained from this report will aid state program staff in future planning, training and the reduction and avoidance of errors. **This form should be completed during a staff meeting that includes all eligibility staff. The completed form must be sent to the state Food Stamp office within 30 days of receiving the Quality Control Findings. Attach additional pages if necessary.**

1. Provide a complete description of the error:
2. What are the primary cause(s) of the error?
3. What are the secondary or contributing cause(s) of the error?
4. What information or clues may have alerted the eligibility worker to the possibility of an error?
5. What office or in-house procedures may assist in preventing an error such as this in the future?
6. What State Office procedures may assist in preventing this error in the future?
7. Does your office complete casefile reviews of new applications, recertifications, claims and negative actions on a regular basis? If yes, who in your agency completes the casefile reviews?

Person Completing this form	Date
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DISTRIBUTION: Original – State Food Stamp Office within 30 days  
Copy – Regional Representative and County casefile