



**ERROR PROOFING CHECKLIST**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 ECONOMIC ASSISTANCE  
 SFN 1807 (3-2025)

**Instructions for Completion:** Use check marks to document if the case is correct, incorrect or the item is not applicable. If you have questions or comments, document the needed actions in the **Comments** section. The completed form must be placed in FileNet.

Case Number	Application/Review Date	Worker Name	
Benefit Month(s)		Review Month	Date Action Taken
Program <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP <input type="checkbox"/> CCAP <input type="checkbox"/> LIHEAP		Review Type <input type="checkbox"/> Application <input type="checkbox"/> Review <input type="checkbox"/> Case Change <input type="checkbox"/> Other	

**REVIEW ITEMS**

CASE INFORMATION	YES	NO	NA		YES	NO	NA
All sections completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required Forms on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required Verifications on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative explains actions taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Language Link used and narrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDIVIDUAL INFORMATION	YES	NO	NA		YES	NO	NA
Primary Individual Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Status - SNAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Living Arrangements/FES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized Rep/Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demographics (DOB, SSN, ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian/POA/Legal Rep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Citizenship/Alien Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interviewed Timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Months Explored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ABAWD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD INFORMATION	YES	NO	NA		YES	NO	NA
Disability Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WWD/CWD Explored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of State Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absent Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance/TPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

ASSETS	YES	NO	NA		YES	NO	NA
Liquid Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disqualifying Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burial Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<b>INCOME</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Unearned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tips/Bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Tax Deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tax Filing Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>EXPENSES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Dependent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utility Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Expense Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACA Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>TANF SPECIFIC</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Relationship verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JOBS Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caretaker Relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deprivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Items of Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up Front Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CCAP SPECIFIC</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Relationship/Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level of Care PT/FT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowable Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loco Parentis Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCAP Workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<b>LIHEAP SPECIFIC</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Dwelling Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary Heat Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Heat Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric Utility Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>INTERFACES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
eDRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Game and Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOLQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AVS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National New Hire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMIS TPL Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota New Hire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equifax/TALX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>WRAP UP/AUTHORIZATION</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
EDR Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper Payments Explored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Share Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<b>AFTER AUTHORIZATION</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Notice is Correct and Sent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provider Management Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change Report Indicator Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vendor Management Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services Entered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIHEAP Referrals Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP E&T Referrals Done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Items Reviewed/Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WR Verbal Script read/narrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

<b>OTHER</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Timely Action on Case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Request for Verification notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>NARRATIVE</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>FINDINGS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>		<b>YES</b>	<b>NO</b>	<b>NA</b>
No Error(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Error(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural Error(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training Moment/FYI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments		
Reviewer's Name	Reviewer's Title	Date