

Administrative Review Report

GARWOOD BD OF ED – 039-01710 – Union County

Findings and Corrective Action:

Site Name		
Form Name	On-Site Assessment Tool	
Question #	126	
Due Date	04/21/2017	
Corrective Action Status	Flagged	
Corrective Action History	Flagged Linda Scarpa 03/21/2017 02:10 PM	Incomplete and/or incorrectly determined applications were found during the State Agency review of the selected applications. Errors were recorded on the Eligibility Certification and Benefit Issuance Worksheet (SFA-1.) The SFA must indicate the date of correction for all application errors recorded. The completed SFA-1 must be uploaded in Documents within the deadline to complete corrective action. One application was missing the social security number and the box indicating no social security was not checked.
Site Name		
Form Name	On-Site Assessment Tool	
Question #	214	
Due Date	04/21/2017	
Corrective Action Status	Flagged	
Corrective Action History	Flagged Linda Scarpa 03/21/2017 02:11 PM	Households for whom benefits were to be reduced or terminated, due to verification, must be given 10 calendar days written advance notice of the change. Explain, in detail, how the finding will be corrected and the measures taken to ensure that it will not reoccur in the future. Indicate the date of implementation..