

RECORD REVIEW WORKSHEET (ACF-403)

CHILD ID#	STATE:	COUNTY:	SAMPLE MONTH/YEAR:	REVIEW DATE:
ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)		ANALYSIS OF CASE RECORD (2)		FINDINGS (3)
Results(4)				
SECTION I. STATE CHILD CARE PROGRAM FORMS				
100 APPLICATION/REDETERMINATION FORMS				100 RESULTS
Determine whether required eligibility forms meet all State and Federal policies in effect during the sample review month. Examples include (1) application form, (2) child care agreement, and (3) voucher or certificate, as applicable.				1 No Error / Error 2 Insufficient/ Missing Documentation
SECTION II. PRIORITY GROUP PLACEMENT				
200 PRIORITY GROUP PLACEMENT				200 RESULTS
Determine whether client meets criteria of any State-designated priority group, e.g., special needs or low income.				1 No Error / Error 2 Insufficient/ Missing Documentation
SECTION III. GENERAL PROGRAM REQUIREMENTS				
300 QUALIFYING HEAD OF HOUSEHOLD				300 RESULTS
Determine whether client meets parent definition (parent means a parent by blood, marriage, or adoption and also means a legal guardian, or other person standing in loco parentis), e.g., (1) parent, (2) step-parent, (3) legal guardian, (4) needy caretaker relative, or (5) spouse of same.				1 No Error / Error 2 Insufficient/ Missing Documentation
310 RESIDENCY				310 RESULTS
Determine whether client is a resident according to State policy.				1 No Error / Error 2 Insufficient/ Missing Documentation

320 PARENTAL WORK/TRAINING STATUS			320 RESULTS
To receive services, a child's parent or parents must be working or attending a job training or educational program, or have a child receiving or needing to receive protective services under the State's definition.			1 No Error / Error 2 Insufficient/ Missing Documentation
330 QUALIFYING CHILD			330 RESULTS
Determine if child meets eligibility criteria including (1) younger than 13 years, (2) younger than 19 years and physically or mentally incapable of caring for himself or herself, or under court supervision, or (3) meets other eligibility requirements defined in the State Plan, and (4) if child meets citizenship/qualified alien status as set forth in Federal policy.			1 No Error / Error 2 Insufficient/ Missing Documentation
340 QUALIFYING CARE			340 RESULTS
Determine number of hours of care authorized during review period based on State policy.			1 No Error / Error 2 Insufficient/ Missing Documentation
350 QUALIFYING CARE AND PROVIDER ARRANGEMENT			350 RESULTS
Determine whether services are provided by a center-based child care provider, a group home child care provider, a family child care provider, or an in-home child care provider, and that the provider met all regulatory requirements.			1 No Error / Error 2 Insufficient/ Missing Documentation

SECTION IV. INCOME AND AUTHORIZATION			
400 INCOME / INCOME STANDARDS / PARENTAL FEE CALCULATION			400 RESULTS
<p>*Describe income verification and calculations for household members. Specify time period (e.g., based on 4 weeks prior to application) and all income to be considered based on State policies and definitions (e.g., head of household employment).</p> <p>*Determine whether household income meets State requirements (e.g., family gross income must be within X percent of State's median income).</p> <p>*Identify the eligibility worker's subsidy amount for a sample review month.</p> <p>*Determine whether the subsidy amount was based on income and family size, the State's payment rate schedule, and any sliding fee schedule, if applicable.</p>			<p>1 No Error / Error</p> <p>2 Insufficient/ Missing Documentation</p>
410 PAYMENT / COMPUTATIONS			410 RESULTS
<p>Compare the eligibility worker's subsidy amount with the reviewer's subsidy amount. If there is a difference, compare the <u>reviewer's subsidy amount</u> to the <u>sample month payment amount</u>.</p> <p><input type="checkbox"/> If the <u>sample month payment amount</u> is greater, the difference is an overpayment.</p> <p><input type="checkbox"/> If the <u>sample month payment amount</u> is less, the difference is an underpayment.</p>			<p>1 No Error / Error</p> <p>2 Insufficient/ Missing Documentation</p> <p>3 Overpayment Underpayment</p> <p>4 Total Amount of Improper Payment</p> <p>5 Total Payment Amount for Sample Month</p>
<p>The coding for the Results Column for Elements 100 – 400 is as follows: 1: "0" = no error, "1" = error; 2: "Y" = error due to missing or insufficient documentation, "N" = error not due to missing or insufficient documentation, and "NA" = no error. The coding for the Results Column for Element 410 is as follows: 1: "0" = no error, "1" = error; 2: "Y" = error due to missing or insufficient documentation, "N" = error not due to missing or insufficient documentation, and "NA" = no error; 3: "U" = Underpayment, "O" = Overpayment, and "NA" = no improper payment; 4: Enter dollar amount of error; 5: Total Payment Amount for Sample Month.</p>			
<p>"THE PAPERWORK REDUCTION ACT OF 1995" Public reporting for this collection of information is estimated to average 6.33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.</p>			