2015 Targeted Case Review - Verification of Approved Activity
Quarter - Sample Month

Reviewer _____   Review Date _____

Case Number _____   Parent #1 Name _____

County _____   Parent #2 Name _____

Date of application or recent review _____   Review type- Application/SMRF/renewal _____

Application/Renewal   Interview type: Face to Face [_____]   Phone [_____]

Child Care application summary signed & in ECF   Yes/No   Interview Date _____

Telephonic/Electronic signature collected   Yes/No

SMRF   ACCESS [_____]   Paper [_____]

Paper SMRF- approved activity (part A) and signature (part C) add-on in ECF?   Yes/No

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List the Child Care Activity Code for parent #1   _____   Is the activity code correct?   Yes/No

List the Child Care Activity Code for parent #2   _____   Is the activity code correct?   Yes/No

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Parent #1 (PIN# _____) participating in **Employment/Unsubsidized Work?**		Unsubsidized
Does the employer have an FEIN in CWW?	Yes/No	Self Employment _____
Is parent earning at least $7.25 per hour?	Yes/No	Waitressing _____
EVFE date: _____		
Were 4 weeks of pay stubs provided?	Yes/No	
Work schedule _____		If Self-Employed is a recent tax return or SEIRF in ECF?
List dates and gross wages **OR** EVFE gross wages:		Yes/No

Participating in an approved **W-2 Activity**?

Placement Type	Number of Hours	Date Range

Participating in **Education?**	Class schedule provided for review period?	
High School _____	Yes/No	Is the Parent Education Tracker being utilized in CSAW?
Basic Education _____		Yes/No
Post Secondary Education _____		

Parent #2 (PIN# _____) participating in **Employment/Unsubsidized Work?**		Unsubsidized
Does the employer have an FEIN in CWW?	Yes/No	Self Employment _____
Is parent earning at least $7.25 per hour?	Yes/No	Waitressing _____
EVFE date: _____		
Were 4 weeks of pay stubs provided?	Yes/No	
Work schedule _____		If Self-Employed is a recent tax return or SEIRF in ECF?
List dates and gross wages **OR** EVFE gross wages:		Yes/No

Participating in an approved **W-2 Activity**?

Placement Type	Number of Hours	Date Range

Participating in **Education?**	Class schedule provided for review period?	
High School _____	Yes/No	Is the Parent Education Tracker being utilized in CSAW?
Basic Education _____		Yes/No
Post Secondary Education _____	_____	

Number of authorized hours per week?	_____	Does auth reasonably cover activity/travel?	Yes/No
Is this a Shared placement case?	Yes/No	Do case comments/ECF support auth?	Yes/No
Did Agency use the authorization Worksheet?	Yes/No		

Agency Error?			Parent Error?			Fraud Referral?	