CLAIM	DETERMINATION
WORKS	SHEET

CLAIM DETEI	RMINATIO	Ν						
WORKSHEET			CASE NUMBER:	CASE NUMBER:				
			4. ANOTHER ADULT					
1. CASE NAME		3. HEAD OF HOUSEHOLD (IF DIFFERENT)	5. ANOTHER ADULT					
2. CASE NUMBER		SSN SSN SS		SSN				
6. DATE OF DISCOVERY 7	7. CF CASE STATUS:	ADDRESS (PO BOX/STREET)	ADDRESS	ADDRESS				
[	ACTIVE							
[		(CITY, ZIP)	(CITY, ZIP)	(CITY, ZIP)				
8. BASIS FOR CLAIM DETE	ERMINATION:							
	RROR	10. EXPLANATION OF OVERISSUANCE (IF APPLICABLE, INCLUDE DATE CHANGE OCCURRED AND DATE REPORTED)						
INADVERTENT HOU	JSEHOLD ERROR							
POTENTIAL IPV								
9. EFF. DATE OF DISQUALIF	FICATION							

	ACTUA	L BASIS FOR ISS		1	CORRECT BASIS FOR ISSUANCE				ISSUANCE VERIFICATION			
ISSUANCE MONTH/YEAR		ADJUSTED INCOME		HOUSEHOLD SIZE	1				OTHER	REDEMPTION		
							HI	R				
			11h Total			D	CUME	NTATION				
Continue on reverse 11a Total				11b Total 🕨								
	esh overissuance			114	a Minus 11b 🕨							
						DATE: DATE:						
<ol> <li>Claim offsetting lost benefits not restored.</li> <li>A. Total CalFresh overissuance (from 12 above).</li> </ol>					DATE.	DATE.						
	lost benefits not		oove).									
	payment receive		d									
		OR (SIGNATURE)	DATE		REVIEW OFFICE	EW OFFICER (APPROVAL SIGNATURE) DATE						
ACTION (PLANNED/	TAKEN)	I	I		I					I		

14. Summary of (Continuati	of CalFresh overis on)	suance	Include all c	ther overissuanc	e months not list	ed on the front.				
ISSUANCE	ACTUAL BASIS FOR ISSUANCE			CORRECT BASIS FOR ISSUANCE			ISSUANCE VERIFICATION			
MONTH/YEAR	HOUSEHOLD SIZE	ADJUSTED INCOME	BONUS/ALLOTMENT	HOUSEHOLD SIZE	ADJUSTED INCOME	BONUS/ALLOTMENT	ATP	DMI	OTHER	REDEMPTION
							-			
Total this page 14a Subtotal			14b Subtotal <b></b>		DOCUMENTATION			NTATION		
Total first page 11a Subtotal				11b Subtotal 🕨						
15. Total both pages 15a Total (14a + 11a)			15b Total (14b + 11b)							
16. Total CalFre	esh overissuance	•		11a	Minus 11b					
17. Claim offsetting lost benefits not restored.					DATE:	DATE:				
A. Total CalFresh overissuance (from 16 above).										
C. Minus payment received.										
D. Amount of CalFresh claim to be collected.										
ELIGIBILITY WORKE	R (SIGNATURE)			DATE	SUPERVISOR (SIGN	IATURE)				DATE
			I							

DOCUMENTATION