

CASE REVIEW CHECKLIST

Case Name:

Case Number:

Returnable

Not Returnable

IDENTIFICATION/VITAL DOCUMENTS

EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ID Requirement	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CalWIN and ID Name Match
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Social Security Number	Vital Docs Follow Up Appointment on:	
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Immigration Status		
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Photo & Finger Imaging		

RESIDENCY/EXPENSES

EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Homeless	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CalWIN Demographic Window
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Housing / Expenses	Residency Follow Up Appointment on:	
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CalWIN Address Clearance		

COSTS/EMPLOYABILITY

EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TRIAGE Assessment / Employability Referral	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PEC / Special Indicator
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other Work Activity	Employability Appointment Type and Date:	

INCOME / RESOURCES

EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MEDS (IEVS, Real Time, QX/QT)	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CalWIN Generated CAAP 1
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Earned Income	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CalWIN Data Entry (not affecting eligibility)
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unearned Income	Income/Resources Appointment Type and Date:	
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Resources		

BENEFIT ISSUANCE

EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Benefit Issuance	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transportation
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overpayments		

OTHER

EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Returnable Alerts	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Non-Returnable Alerts
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2133 Packet	EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ADA Accommodations
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Narratives	Other Appointment Type and Date:	
EW SUP QA CAR N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tasks		

Intake EW # / Initial / Date: / /	Intake Supervisor # / Initial / Date: / /	QA/Carrying Supervisor # / Initial / Date: / /
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