RESET FIELDS

REQUEST FOR APPROVAL TO AUTHORIZE RETROACTIVE PAYMENT

REASON FOR REFERRAL

☐ ERROR ☐ DELAY

SECTION I

CASE NAME			CASE IDENTIFICATION CO / RECORD NUMBER / CAT. / DIST. / CASELOAD NO.
WORKER NAME			DATE OF REFERRAL / TOTAL AMT. UNDERPYMT.
DATE CHANGE IN NEED/UNDERPYMT. BEGAN	DATE DISCOVERED	DATE VERIFIED	☐ RECURRING ☐ NON-RECURRING

REASON FOR ERROR

- ☐ WORKER OVERLOOKED OR MISINTERPRETED REGULATIONS
- ☐ NEED TO REMOVE OR DECREASE ADJUSTMENT OVERLOOKED
- ☐ INCORRECT TRANSACTION DUE TO OPERATIONAL ERROR OR PROBLEM IN SYSTEM
- ☐ ARITHMETIC OR INCORRECT ALLOWANCE DISCOVERED IN SUBSEQUENT GRANT CHANGE
- ☐ SPECIAL NEED REQUESTED BUT OVERLOOKED IN AUTHORIZATION OR COMPUTATION OF GRANT
- ☐ OTHER (Explain)

REASON FOR DELAY

- ☐ PROBLEM NOT COVERED BY REGULATIONS, SPECIAL INSTRUCTIONS NEEDED
- ☐ UNCOVERED CASELOAD
- ☐ WORKER FAILED TO TAKE ACTION DUE TO ILLNESS OR OTHER EMERGENCY
- ☐ OTHER (Explain)

EXPLANATION: Include grant computation(s) and period(s) of underpayment, what grant was _____ and what grant should have been_____.
If underpayment is 6 months or more, explain reason for delay. (If additional space is needed for explanation, attach separate sheet.)

SECTION II

REQUEST: ☐ APPROVED ☐ DISAPPROVED *(If disapproved, explain)*

Signature of Supervisor Date

REQUEST: ☐ APPROVED ☐ DISAPPROVED *(If disapproved, explain)*

Signature of Executive Director/Delegate Date

SECTION III

REQUEST: ☐ APPROVED ☐ DISAPPROVED *(If disapproved, explain)*

Signature of Area Manager Date

FORM RETENTION - RETAIN FOR REAPPLICATION PERIOD