

Major Changes Quarterly Reporting Template

State Name: _____
 State Contact Person: _____
 Contact Person's E-mail Address: _____
 Contact Person's Telephone Number: _____

Project: _____

DATA ELEMENTS	HOUSEHOLD ("HH") TYPE	MONTH			

Initial Applications Received ("Apps Rec'd")	Total Number ("No.") of Initial Apps Rec'd	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Rec'd In Person	Regular HHS				
		Elderly/ Disabled HHS				
	No. Initial Apps Rec'd Online	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Rec'd by Phone	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Rec'd by Mail	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Rec'd by Fax	Regular HHS				
		Elderly/ Disabled HHS				
Initial Application ("Initial Apps") Processing Timeliness	No. of Initial Apps Approved Timely	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Approved Timely that were Subject to Expedited Processing Requirement	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Approved Untimely	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Approved Untimely that were Subject to Expedited Processing Requirement	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Denied	Regular HHS				
		Elderly/ Disabled HHS				
	No. of Initial Apps Denied Due to Ineligibility	Regular HHS				
		Elderly/ Disabled HHS				
No. of Initial Apps Denied Due to State Agency's Inability to Determine Eligibility	Regular HHS					
	Elderly/ Disabled HHS					

This information is being collected to assist the Food and Nutrition Service meet the requirements of 7 CFR 272.15. This is a mandatory collection and FNS uses the information to monitor major change implementations. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0579. The time required to complete this information collection is estimated to average 75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection

Recertification Applications Received ("Recerts Rec'd")	No. of HHS Due for Recertification	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recerts Rec'd	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recerts <u>Rec'd In Person</u>	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recerts <u>Rec'd Online</u>	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recerts <u>Rec'd by Phone</u>	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recerts <u>Rec'd by Mail</u>	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recerts <u>Rec'd by Fax</u>	Regular HHS					
		Elderly/ Disabled HHS					
Recertification Applications ("Recert Apps") Processing	No. of HHS Recertified w/o Delay/Break in Benefits	Regular HHS					
		Elderly/ Disabled HHS					
	No. of HHS Recertified w Delay/Break < 1 month	Regular HHS					
		Elderly/ Disabled HHS					
	No. of HHS Due for Recertification that Failed to Reapply by Deadline	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recert Apps Denied	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recert Apps <u>Denied Due to Ineligibility</u>	Regular HHS					
		Elderly/ Disabled HHS					
	No. of Recert Apps <u>Denied Due to State Agency's Inability to Determine Eligibility</u>	Regular HHS					
		Elderly/ Disabled HHS					

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