

YYYYQQC

Minnesota Department of Human Services
Random Moment Sample Study
Income Maintenance Observation Form

EMPLOYEE:

COUNTY:

DATE: MM/DD/YYYY

TIME:

Case Number: _____

SECTION I: SELECT A PROGRAM (Indicate each program you are working on - select as many as necessary)

- | | | |
|--|---|---|
| <input type="checkbox"/> 116 TANF - Title IV-A | <input type="checkbox"/> 191 Food Stamps | <input type="checkbox"/> 312 MinnesotaCare Parents with SCHIP |
| <input type="checkbox"/> 120 MFIP Statewide | <input type="checkbox"/> 201 Child Support - Title IV-D | <input type="checkbox"/> 318 Separate SCHIP Program for Prenatal Care |
| <input type="checkbox"/> 121 Refugee Assistance | <input type="checkbox"/> 213 Medicaid - Title XIX | <input type="checkbox"/> 321 MinnesotaCare All Others |
| <input type="checkbox"/> 141 Minnesota Supplemental Aid | <input type="checkbox"/> 231 MA PMAP | <input type="checkbox"/> 400 All Other Programs |
| <input type="checkbox"/> 161 Foster Care - Title IV-E | <input type="checkbox"/> 255 TANF/MFIP Child Care | <input type="checkbox"/> 701 Common to All Programs |
| <input type="checkbox"/> 171 General Assistance | <input type="checkbox"/> 256 BASIC Sliding Fee Child Care | <input type="checkbox"/> 801 Employee Not Available |
| <input type="checkbox"/> 175 Group Residential Housing | <input type="checkbox"/> 311 MinnesotaCare for Low Income Families & Children | <input type="checkbox"/> 802 Invalid Response |
| <input type="checkbox"/> 181 Gen Assistance - Medical Care | | |

SECTION II: SELECT AN ACTIVITY (Indicate each activity you are performing - select as many as necessary)

- | | |
|---|--|
| <input type="checkbox"/> 101 Determining or redetermining eligibility | <input type="checkbox"/> 152 Screen and assessments |
| <input type="checkbox"/> 102 Referral of individuals to needed services | <input type="checkbox"/> 153 Development of employability plans |
| <input type="checkbox"/> 103 Verification of Immigration Status | <input type="checkbox"/> 154 Providing work activities |
| <input type="checkbox"/> 112 Investigating and resolving complaints | <input type="checkbox"/> 155 Providing post-employment services |
| <input type="checkbox"/> 113 Appeals and disqualifications | <input type="checkbox"/> 156 Providing work supports |
| <input type="checkbox"/> 121 Staff development and training activities | <input type="checkbox"/> 157 Case management |
| <input type="checkbox"/> 125 Certification of individuals for Food Stamp benefits | <input type="checkbox"/> 158 Fraud and abuse prevention and detection |
| <input type="checkbox"/> 140 Issuance of Food Stamp benefits | <input type="checkbox"/> 159 All other provision of program services |
| <input type="checkbox"/> 150 Providing direct program benefits and services | <input type="checkbox"/> 250 Lunch, leave, other administrative activities |
| <input type="checkbox"/> 151 Providing program information to clients | <input type="checkbox"/> 260 All other activities |

SECTION III: INTERVIEW CERTIFICATION_____
Interviewer Name (printed)☐ Personally Interviewed_____
Interviewer Signature_____
Date_____
Time