

**ACTIONS TAKEN ON IMPROPER DENIALS, WITHDRAWALS, INQUIRIES OR INCORRECT DENIALS
IDENTIFIED IN MONITORING**

MONITORING PERIOD: _____
DATE REPORT RECEIVED: _____

COUNTY: _____
DATE OF FINAL REPORT: _____

Applicant Name AND SSN	PROGRAM	CASE TYPE (D, W/D, I)	DATE OF IMPROPER ACTION	DATE REOPENED	FINAL DISP. TYPE & DATE	CASE FINDINGS

OST SIGNATURE: _____

DATE RECORDS REVIEWED: _____