

VA MATCH SUMMARY SHEET

COUNTY: _____ AID PROG/CAT: _____

CONTACT PERSON: _____

VA MATCH RPT DATE: _____ DATE RPT COMPLETED: _____

Please enter total numbers of cases affected by each situation and total dollar figures in the dollar fields.

	Total YES'S	Total NO'S
VA income reported, amount matched report		
VA income reported, but amount is different		
VA income not previously reported		
Client provided evidence that the information on the report is incorrect		
Case terminated		
Benefits for individual were reduced		
Benefits for individual were increased		

	Total Amt. Reduced	Total Amt. Increased
Authorized to Deductible		
Deductible to Authorized		
Deductible increased		
Deductible decreased		
Increased PML		
Decreased PML		
AAF or SA check increased		
AAF or SA check reduced		
Food Stamp allotment increased		
Food Stamp allotment decreased		
TOTALS	\$	\$

The Control Person should complete a summary sheet for each aid program/category with totals obtained from the Action Sheets completed by the workers.

ATTACHMENT II (REVISED 09-07)