

ATTACHMENT I

This form is completed annually by the Primary or Back-up Security Officer for each county.

COUNTY NO. _____ **COUNTY NAME** _____

**REPORT OF INTERNAL INSPECTION ON FINANCIAL RESOURCE REPORT (FRR)
BENEFICIARY EARNINGS EXCHANGE REPORT (BEER)**

1. Are the Financial Resource Reports (FRR) and Beneficiary Earnings Exchange Reports (BEER) sent through NCXPTR to the primary and backup control officers only?
_____ yes _____ no Comments:

2. Are the Financial Resource Reports (FRR) and Beneficiary Earnings Exchange Reports (BEER) printed and logged by the primary or backup control officer, before distributing to the caseworkers?
_____ yes _____ no Comments:

3. Are the control copies of the FRR and BEER kept in locked storage except when in actual use?
_____ yes _____ no Comments:

4. Are there two levels of security for access to the area where the FRR and BEER reports are stored?
_____ yes _____ no Comments:

5. Do the IM caseworkers keep their work copies of the FRR and BEER in a locked desk or file cabinet when they are out of their office, or return them to the control officer?
_____ yes _____ no Comments:

6. Are the FRR and BEER sheets kept separately from the client case records?
_____ yes _____ no Comments:

7. Are carbon copies of verification requests secured in a similar manner to the FRR and BEER?
_____ yes _____ no Comments:

8. Does the caseworker or supervisor keep a log tracking date verification was sent, received, and reason for request?
_____ yes _____ no Comments

9. Are all copies of the individual sheets of the FRR and BEER returned to the control officer for storage once the IM caseworkers have completed their verification?

_____yes _____no Comments:

18. Do the IM caseworkers know when and how to report a Security Incident?

_____yes _____no Comments:

19. Has a Security Incident been reported since the last internal inspection:

_____yes _____no Comments (If yes, give Date and Nature of Incident):

20. Has corrective action been taken on any "yes" answers above?

_____yes _____no Comments:

21. Have all workers reviewed and signed the Computer Use Policy?

_____yes _____no Comments:

22. Current FRR/BEER Control Persons:

Primary/HRSS [_____

Email address: _____

Phone Number _____

Secondary/HRSS [_____

Email address: _____

Phone Number _____

23. Review conducted by: _____

Name/Title

Telephone Number

Annual Reporting Date: July 1st

Reference: DSS Administrative Letter No. Economic Independence (Work First and Food Stamps) 04-2002; DSS Administrative Letter No. Adult and Family Services 02-2002; DMA Administrative Letter No. 16-02 Revised 02/11/14

(Attach a list of all employees, including new employees, who have received this training since the last review. Ensure all new workers and contract workers are given copies of the IRS Code Sections 7213(a), 7213A, and 7431.)