

## VA MATCH ACTION SHEET

CASE NAME: \_\_\_\_\_ AID PROG/CAT: \_\_\_\_\_

CASE ID: \_\_\_\_\_ DATE: \_\_\_\_\_

WORKER NAME: \_\_\_\_\_ DIST NUMBER: \_\_\_\_\_

Please complete all entries that apply:	YES	NO
VA income reported, amount matched record		
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		

Please complete all entries that apply:	Amount Reduced	Amount 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		
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>

To be completed by the worker for each case that appears on the VA match report.

**ATTACHMENT I (REISSUED 09-07)**