

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

MONITORING PERIOD: _____

COUNTY: _____

DATE REPORT RECEIVED: _____

DATE OF FINAL REPORT: _____

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

MPR SIGNATURE: _____

DATE RECORDS REVIEWED: _____