

Montana WIC Program Administrative Chart Audit

Participant ID Number	575756 (P)	577124	509183	505003	612345	612392 (P)	192681(P)	211820	611345		
Household ID Number	5046906	113493	111184	110342	544238	514351	17264	585990	567548		
Certification: Start End	1/27/14 10/31/14	9/3/14 9/30/15	9/3/14 9/30/15	2/27/14 2/28/15	8/27/14 8/31/15	10/17/13 10/31/14	2/13/14 1/31/15	10/30/13 10/31/14	9/23/14 6/30/15		
First Name Last Name	L V	B W	C X	I P	S W	N L	B M	A G	O T		
DOB	2/24/92	10/23/10	10/12/11	2/20/14	8/16/13	10/8/13	4/19/93	11/5/93	3/28/92		
Category	P	C	I	C	C	I	NBF	BF	P		
Served within time frame?	Yes, 4 days	Yes, same Day	Yes, same Day	Yes, same Day	Yes, 6 days	Yes, same day	Yes, 3 Days	Yes, same day	Yes, 9 days		
Participant ID?	ND DL	BC	Hospital ID	BC	MT DL	COB	MT ID	Passport	Medicaid		
Representative ID?	N/A	Tribal ID	MT DL	MT ID	INS Card	None*	N/A	N/A	N/A		
Residence Address Documentation?	Utility Bill Diff Add*	Rental Doc	Utility Bill	3 rd Party Verify	Current DL	3 rd party Verify	Lease Agreement	Utility Bill	Rental Doc		
Income Documented?	PayStubs	Self	PayStubs	Self	Self	1040 Form	Disability	PayStubs	Pay Stubs		
Adjunctive Eligibility?	Medicaid	Tribal	HMK+	SNAP	HMK+	N/A	SNAP	No	Medicaid		
Verified in SIS?	1/27/14	N/A	9/3/14	8/25/14	8/27/14	N/A	N/A	N/A	No		
Notice of Cert End?	Notice Missing *	Yes -	Yes	Yes	Yes	Y - 7/31/14	Y- 5/11/14	N/A	N/A		
Notice of Ineligibility?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No*	N/A		
Benefits Signed for?	Yes	Yes	Yes	Yes	No - missing*	Yes	Yes	Yes	Yes		
Mailed? **Verify mail log(onsite) Proxy Note?	No N/A	No 12/8/14	No N/A Brooke ID	No N/A	No N/A	No N/A	No N/A	No N/A	No N/A		
Voided Benefits? **Verify procedure	N/A	N/A	N/A	N/A	N/A	3142984 10/14/13**	98551-554 95320- 323**	N/A	N/A		
Comments: Remember To check voided & Mailed benefits logs**	*See Scan							*NOI needed Non-participation			