**Agency/Clinic:**_____ **Review Date:**_____ **Staff:** _____**Size:** _____

| **Participant State ID Number** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Household ID Number** | | | | | | | | |
| **Category** | **P B N I C** | **P B N I C** | **P B N I C** | **P B N I C** | **P B N I C** | **P B N I C** | **P B N I C** | **P B N I C** |
| **Last Name, First Initial** | | | | | | | | |
| **Certification: Start/End** | | | | | | | | |
| **Date of Birth** | | | | | | | | |
| **C# of Staff** | | | | | | | | |
| Participant ID Documentation | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |
| Authorized Rep ID Documentation | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |
| Served within Time Frame | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |
| Income/Adjunctive Eligibility Verification | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |
| End of Certification/ Ineligibility Notice | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |
| Confidentiality/Integrity | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |
| Residence Documentation | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |
| VOC Process: | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | | | | | | | | |

Discussion Topics/Additional Notes: