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| **EU Last Name, First Name:**  | **EU DCN:**  |
| Required documents | **Information in File**Local Supervisor/Manager Review**Yes, No or N/A** | **Information in File** Program & Policy Review**Yes, No or N/A** |
| Request for Application (FA-100) and/or IM-1 |  |  |
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| Interview Summary (FA-102) |
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| TA Reinvestigation Form (FA-202) or other program application used for review (FS FA-100/102) |  |  |
| Communications Transmittal Form (IM-16) as applicable |  |  |
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| Eligibility Determination: Documentation used to substantiate the eligibility decision. |

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| Interim Changes: Supporting documentation for any interim changes to the eligibility period. |

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| Comments/Notes: |
| Auditor’s Note: The above listed items are required. The auditors will use this information to verify eligibility decisions and payments made. Eligibility must be supported by documentation.**Please ensure that any additional documentation necessary to support eligibility and payments is also included in files sent to the auditors.** |
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| **Print Name and Title of Staff Reviewing Case File** |

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| **Signature** |

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| **Date Reviewed** |

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|  Local FSD Supervisor or County Manager |

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| TA Program Development Specialist |  |  |