

## **ON-SITE REVIEW QUESTIONS (FOR DATC OR GROUP FACILITY):**

**Date:**

**Name of Facility:**

**Person Interviewed and title:**

**Person Conducting Interview and title:**

- 1. If your facility is a certified Food & Nutrition Service (FNS) retailer, when was your facility authorized/certified to be a Food Stamp retailer (obtain copy of certification)?**
  - 1a. Is the facility certified or licensed by Department of Mental Health or Department of Health and Senior Services (obtain copy of certification/license)?**
- 2. Explain the process of applying for Food Stamp (FS) benefits for residents.**
- 3. When do you submit a list of currently participating residents to FSD each month? Form should be signed by a responsible facility official attesting to the validity of the list.**
- 4. Explain how you report resident changes to FSD.**
- 5. Explain what happens if a resident leaves prior to the 16<sup>th</sup> of the month? (They should explain the resident's EBT card is returned to them and the facility no longer uses the resident's benefits.)**