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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 |  |  |
| |  | | --- | | Interview Summary (FA-102) | |  | |  |  |
| TA Reinvestigation Form (FA-202) or other program application used for review (FS FA-100/102) |  |  |
| Communications Transmittal Form (IM-16) as applicable |  |  |
| |  | | --- | | Eligibility Determination: Documentation used to substantiate the eligibility decision. | |  |  |
| |  | | --- | | Interim Changes: Supporting documentation for any interim changes to the eligibility period. | |  |  |
| 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.** | | |
| |  | | --- | | **Print Name and Title of Staff Reviewing Case File** | | |  | | --- | | **Signature** | | |  | | --- | | **Date Reviewed** | |
| |  | | --- | | Local FSD Supervisor or County Manager | |  |  |
| TA Program Development Specialist |  |  |