

# SCSEP PROGRAM RECERT/CLOSE CASE RECORD REVIEW

Case Status	Date Reviewed	Reviewer
Open		
Closed		
Recertification		

NAME \_\_\_\_\_

SCSEP PY \_\_\_\_\_

## TYPE OF FORMS

### SECTION 1 *(Keep all documents together)*

RECERTIFICATION <i>(at least once every 12 months)</i>	SOURCE DOCUMENT(S)	
<b>Confidential Income Statement</b>		
<input type="checkbox"/> State of Residency		
<input type="checkbox"/> Birth Date/Social Security Number		
<input type="checkbox"/> Family Size Documentation		
<b>Income</b> <i>(Select document used to verify)</i>	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 12 Months
<input type="checkbox"/> SS Award Letter <i>(less 25%)</i>		
<input type="checkbox"/> Wages or Unemployment		
<input type="checkbox"/> DHS		
<input type="checkbox"/> Pension		
<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Other _____		
	<b>YES</b>	<b>NO</b>
Self-Attestation		
Privacy Act		
Release Form		
Physical Offer		
Participant Checklist/Orientation Checklist		
CLOSED/FOLLOW-UP	YES	NO
<b>Exit Form(s)</b> <i>(Select document used to verify.)</i>		
<input type="checkbox"/> Exit Letter <input type="checkbox"/> Case Note <input type="checkbox"/> Time Sheet <input type="checkbox"/> Other _____		
Employer Survey <i>(attempts)</i> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		
Follow-up Form and Case Notes <input type="checkbox"/> Exit Qtr <input type="checkbox"/> 1st Qtr <input type="checkbox"/> 2nd Qtr <input type="checkbox"/> 3rd Qtr		
SECTION 2	YES	NO
Host Agency Monitoring Form		
Performance Evaluation		
Reassessment and IEP Update		
SECTION 3	YES	NO
Change of Community Service Assignment		
Assignment Description		
Safety Consultation Form		
Host Orientation Form		

Comments: