

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

Comments: