## STATE OF CONNECTICUT DPH/WIC PROGRAM: Participant Electronic Files & Benefits Review

**Local Program Name and Site Conducted:** 

**Quarter/Fiscal Year Reviewed:** 

**Reviewer Name:** 

Date completed:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	18	19
Family ID # Participant ID #	Cate- gory	Participant Name	Referred From/ How heard about WIC	Care taker in CT- WIC?	Voter Registr docum ented?	Identity Verified?	Provider Contact Info Docume nted?	Income Eligibility verified by - Staff ID	Income Source Document- ed?	Cert Start - Cert End Dates	R & R Docume nted?	CTKR form scanned into CT- WIC?	Benefits issued date/By Whom- Staff ID	AP/ PT Signed Authori zation form?	AP/PT/ CT signed FBL?	CPA Name/ID in CT-WIC?	Cert Form Scan? (If Avail) Signed by CPA?	Sign on FBL match AP/Pt/ CT	NOPA (Categoric ally Termed)
(Precert Screen)	(Cert Action Screen)	(Family info Screen)	(Precert Screen)	(Family Info Screen)	(Family Info Screen)	(Pt Info Screen)	(PT Info Screen)	(Income tab)	(Income Tab)	(Cert Action)	(Misc/ Images)	(Misc/ Images)	(Benefits History)	(Misc/ Images)	Misc/ Images	(Food Rx screen)	Misc/ Images	Misc/ Images	(Misc/ Images)
√- Complete	od V	· Missing I- Ir	ncomplet	o N/	Δ- Not Δ	applicable,	/Δvailabl	e Y-Yes	N- No							Do.	vised: 10/20	110	