

**File Review Form**

Closed-Rehabilitated

Closed-Other: Application or Eligible - No IPE

Closed-Other: Post Plan Development

File Transfer

Case Identified for RSA audit

Regional Leader Initials: \_\_\_\_\_

<u>Participant Name:</u>	VRC Initials	SS Initials	RL/VRC III Initials
<b>APPLICATION Date completed/received (VR-1):</b> _____			
Application form signed and dated (VR1) <i>Participant signature</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date on Application matches Intake Date in AWARE ( <i>Participant signature date or "Date Received" by date stamp</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PERSONAL INFORMATION FORM attached in AWARE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>ELIGIBILITY Date completed:</b> _____ <b>Delayed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Documentation is in file: Medical <input type="checkbox"/> psychological/ psychiatric <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other: _____			
If Eligibility took longer than 60 days, an Extension was completed (signed and dated) in the file with <i>Participant and VRC signature</i> : <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N			
Level of significance is appropriate <input type="checkbox"/> Yes <input type="checkbox"/> No			
Eligibility was completed within 60 days <input type="checkbox"/> Yes <input type="checkbox"/> No			
Copy of Eligibility Notification Letter in AWARE <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Eligibility was completed <b>PRIOR to July 28, 2015</b> , form is printed, signed, and date on form matches AWARE date			
<b>Original IPE Date Completed:</b> _____			
OOS release date: _____ N/A <input type="checkbox"/> IPE was developed within 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No IPE date matches date in AWARE <input type="checkbox"/> Yes <input type="checkbox"/> No IPE signed by Participant and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the IPE took longer than 90 days, an Extension was completed (signed and dated by the VRC and participant): <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N <i>Date completed</i> : _____ <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>IPE AMENDMENTS AND/OR NEW PLANS:</b>			
Please Indicate: Amendment- (A), New Plan- (NP), Internal Correction- (IC)			
<u>A/NP/IC</u> <u>DATE</u> <u>SIGNATURES</u>			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____      _____ <input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
Measurable Skills Gains/Credentials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, is documentation attached in AWARE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Participant Name:</b>	<b>VRC Initials</b>	<b>SS Initials</b>	<b>RL/VRC III Initials</b>
<b>ANNUAL REVIEWS:</b>			
For cases in plan, annual reviews completed (signed, dated and in the file) <b><i>PRIOR to 7/28/2015, Annual Reviews are on VR9C</i></b>			
<u>DATE</u>	<u>SIGNATURES</u>		
_____	Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____	Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____	Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____	Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____	Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____	Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>FINANCIAL:</b>			
As Applicable, there is evidence of search for (and use of) comparable benefits <input type="checkbox"/> Yes <input type="checkbox"/> No			
FNA or FATF has been attached in AWARE and updated yearly (as applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Indicate whether it is an FNA or FATF and the date it was completed:			
<u>FNA/FATF</u>	<u>DATE</u>	<u>SIGNATURES</u>	
_____	_____	<input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> N/A Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMPLOYMENT START DATE:</b> _____			
Wage Verification attached in AWARE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Hourly Wage Matches Wage Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>CLOSURE FORM completed on:</b> _____			
Closure Form (VR-9C) is signed and dated with <i>Participant and Counselor signature:</i> Participant <input type="checkbox"/> Yes <input type="checkbox"/> No and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates on Closure form match Closure Date in AWARE <input type="checkbox"/> Yes <input type="checkbox"/> No			
Closure Outcome is appropriate and documented? (detailed case note) <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Case was internally audited for Transfer (T) or Review (R):**

<b>T or R</b>	<b>Date</b>	<b>Name of Staff Member</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Case has been reviewed for closure:**

Counselor Signature & Date: \_\_\_\_\_

Support Staff Signature & Date: \_\_\_\_\_

Regional Leader/ Rehab Counselor III Signature & Date: \_\_\_\_\_