#### **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:

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

ANNUAL REVIEWS:         For cases in plan, annual reviews completed (signed, dated and in the file)         PRIOR or 728/2015, Annual Reviews are on VK9C         DATE       SIGNATURES         Participant [] Yes [] No and VRC [] Yes ] No         Participant [] Yes [] No and VRC [] Yes ] No         Participant [] Yes [] No and VRC [] Yes ] No         Participant [] Yes [] No and VRC [] Yes ] No         Participant [] Yes [] No and VRC [] Yes ] No         Participant [] Yes [] No and VRC [] Yes ] No         Participant [] Yes [] No and VRC [] Yes ] No         Participant [] Yes [] No and VRC [] Yes ] No         FINANCIAL:         As Appliciable, there is evidence of scarch for (and use of) comparable henefits [] Yes [] No         FNA or FATF has been attached in AWARE and updated yearly (as applicable) [] Yes [] No         Indicate whether it is an FNA or FATF and the date it was completed:         ENAPTICIPANT [] PATE         [] MA Participant [] Yes [] No and VRC [] Yes ] No         [] MA Participant [] Yes [] No and VRC [] Yes ] No         [] MA Participant [] Yes [] No and VRC [] Yes ] No         [] MA Participant [] Yes [] No and VRC [] Yes ] No         [] MA Participant [] Yes [] No and VRC [] Yes ] No         [] MA Participant [] Yes [] No and VRC [] Yes ] No         [] MA Participant [] Yes [] No and VRC [] Yes ] No         [] MA Participant [] Yes [] No	Participant Name:	VRC Initials	SS Initials	RL/VRC III Initials
PRIOR to 728/2015. Annual Reviews are on VROC         DATE       SIGNATURES         Participant       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       FNA         FNA       PATticipant       Yes       No and VRC       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Fes       No       N	ANNUAL REVIEWS:			
Participant       Yes       No and VRC       Yes       No         As Applicable, there is evidence of search for (and use of) comparable benefits       Pres       No         PAN or PATT has been attached in AWARE and updated yearly (as applicable)       Pres       No         Indicate whether it is an FNA or FATF and the date it was completed:       Free No       No         PATE       DATE       SIGNATURES       No       No         MA       Participant       Yes       No and VRC       Yes       No         MA       Particip				
Participant       Yes       No and VRC       Yes       No         As Applicable, there is evidence of search for (and use of) comparable benefits       Pres       No         PAN or PATT has been attached in AWARE and updated yearly (as applicable)       Pres       No         Indicate whether it is an FNA or FATF and the date it was completed:       Free No       No         PATE       DATE       SIGNATURES       No       No         MA       Participant       Yes       No and VRC       Yes       No         MA       Particip	DATE SIGNATURES			
Participant       Yes       No and VRC       Yes       No         FNANCIAL:       As Applicable, there is evidence of search for (and use of) comparable benefits       Yes       No         As Applicable, there is evidence of search for (and use of) comparable benefits       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       FNA/FATF       DATE         SiGNATURES       SiGNATURES       No       No       No         Indicate whether it is an FNA or FATF and the date it was completed:       For No       No         MA       Participant       Yes       No and VRC       Yes       No         MA       Participant       Yes       No and VRC       Yes				
Participant       Yes       No and VRC       Yes       No         Participant       Yes       No and VRC       Yes       No         Participant       Yes       No and VRC       Yes       No         FINANCIAI:       As Applicable, there is evidence of search for (and use of) comparable benefits       Yes       No         FNA or FATF has been attached in AWARE and updated yearly (as applicable)       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Yes       No         FNA/FATF       DATE       SIGNATURES       No and VRC       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Yes       No and VRC       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Indicate state it was completed:       Yes       No and VRC       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Indicate state it was completed:       Indicate state it was completed:       No and VRC       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Indicate state it was completed:       No and VRC       Yes       No         Indicate whether it was completed on:       Indit was postin and counselor signature:       Participant </td <td>Participant Yes No and VRC Yes No</td> <td></td> <td></td> <td></td>	Participant Yes No and VRC Yes No			
Participant       Yes       No and VRC       Yes       No         As Applicable, there is evidence of search for (and use of) comparable benefits       Yes       No         FNA or FATF has been attached in AWARE and updated yearly (as applicable)       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       FNA/FTF       DATE       SIGNATURES         FNA/FATF       DATE       SIGNATURES       No       No         Image: Signature is an FNA or FATF and the date it was completed:       FVA/FATF       NA       Participant       Yes       No and VRC       Yes       No         Image: Signature is an FNA or FATF and the date it was completed:       Signature is an FNA or FATF and the date it was completed:       FVA/FATF       No       No       No         Image: Signature is an FNA or FATF and the date it was completed:       NA Participant   Yes   No and VRC   Yes   No	Participant  Yes No and VRC Yes No			
Participant       Yes       No         FINANCIAL:       As Applicable, there is evidence of search for (and use of) comparable benefits       Yes       No         FNA or FATF has been attached in AWARE and updated yearly (as applicable)       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Image: SignATURES       Image: SignATURES         MA       Participant       Yes       No and VRC       Yes       No         Image: MAR Participant       Yes       No and VRC       Yes       No         Image: MAR Participant       Yes       No and VRC       Yes       No         Image: MAR Participant       Yes       No and VRC       Yes       No         Image: MAR Participant       Yes       No and VRC       Yes       No         Image: MAR Participant       Yes       No and VRC       Yes       No         Image: MAR Participant       Yes       No and VRC       Yes       No         Image: MAR Participant       Yes       No and VRC       Yes       No         Image: Marke: Mage: Verification       Yes       No       NA       Participant         Image: Matches Wage: Verification       Yes       No       MAR       Participant         Image: Matches Wage: V	Participant  Yes No and VRC Yes No			
FINANCIAL:	Participant Yes No and VRC Yes No			
As Applicable, there is evidence of search for (and use of) comparable benefits       Yes       No         FNA or FATF has been attached in AWARE and updated yearly (as applicable)       Yes       No         Indicate whether it is an FNA or FATF and the date it was completed:       Yes       No         ENA/FATF       DATE       SIGNATURES         Image: Signature of the second of	Participant  Yes No and VRC Yes No			
FNA or FATF has been attached in AWARE and updated yearly (as applicable) Yes No   Indicate whether it is an FNA or FATF and the date it was completed: Indicate whether it is an FNA or FATF and the date it was completed:   FNA/FATF DATE SIGNATURES   Image:				
Indicate whether it is an FNA or FATF and the date it was completed:         ENAFATF       DATE         SIGNATURES         Image:				
FNA/FATF       DATE       SIGNATURES				
Image: Second State Sta	Indicate whether it is an FNA or FATF and the date it was completed:			
	FNA/FATF DATE SIGNATURES			
	N/A Participant Yes No and VRC Yes No			
	N/A Participant Yes No and VRC Yes No			
	N/A Participant Yes No and VRC Yes No			
	N/A Participant Yes No and VRC Yes No			
EMPLOYMENT START DATE:	<i>N/A Participant</i> Yes No and VRC Yes No			
Wage Verification attached in AWARE?       Yes No       N/A         Hourly Wage Matches Wage Verification?       Yes No       N/A         CLOSURE FORM completed on:	<i>N/A Participant</i> Yes No and VRC Yes No			
Hourly Wage Matches Wage Verification?       Yes       No       N/A         CLOSURE FORM completed on:				
CLOSURE FORM completed on:				
Closure Form (VR-9C) is signed and dated with Participant and Counselor signature:   Participant Yes No and VRC Yes No   Dates on Closure form match Closure Date in AWARE   Yes No   Closure Outcome is appropriate and documented? (detailed case note)   Yes No     Case was internally audited for Transfer (T) or Review (R):   T or R   Date     Name of Staff Member     Case has been reviewed for closure:   Counselor Signature & Date:				
Participant Yes No and VRC Yes No     Dates on Closure form match Closure Date in AWARE Yes No     Closure Outcome is appropriate and documented? (detailed case note) Yes No     Case was internally audited for Transfer (T) or Review (R):   T or R Date     Name of Staff Member     Case has been reviewed for closure:   Counselor Signature & Date:				
Dates on Closure form match Closure Date in AWARE       Yes No         Closure Outcome is appropriate and documented? (detailed case note)       Yes No         Case was internally audited for Transfer (T) or Review (R):       Tor R         T or R       Date         Name of Staff Member				
Case was internally audited for Transfer (T) or Review (R):         T or R       Date       Name of Staff Member				
T or R     Date     Name of Staff Member	Closure Outcome is appropriate and documented? (detailed case note) Yes No			
Case has been reviewed for closure:         Counselor Signature & Date:	Case was internally audited for Transfer (T) or Review (R):			
Counselor Signature & Date:	T or R Date Name of Staff Member			
Counselor Signature & Date:				
Counselor Signature & Date:				
Counselor Signature & Date:				
Counselor Signature & Date:				
Counselor Signature & Date:				
Counselor Signature & Date:				
	Case has been reviewed for closure:			
Support Staff Signature & Date:	Counselor Signature & Date:			
	Support Staff Signature & Date:			

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