

signifycommunity™ Svc Note Review Summation - CAH - Presumptive Eligibility Period Reviewed: _____

Agency: _____ Reviewer: _____ NO SERVICES THIS PERIOD

Record 1 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Record 2 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

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Agency: _____ Reviewer: _____

Record 3 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Record 4 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

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Record 5 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Record 6 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

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Agency: _____ Reviewer: _____

Record 7 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Record 8 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

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Record 9 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	

Record 10 Contact ID#: _____ Service Date: _____

1) County of Service	<input type="checkbox"/> yes <input type="checkbox"/> no	6) Documents kept on file & given to family	<input type="checkbox"/> yes <input type="checkbox"/> no
2) Location	<input type="checkbox"/> yes <input type="checkbox"/> no	7) Client / family feedback	<input type="checkbox"/> yes <input type="checkbox"/> no
3) NOA #	<input type="checkbox"/> yes <input type="checkbox"/> no	8) Coverage explained	<input type="checkbox"/> yes <input type="checkbox"/> no
4) Result of NOA	<input type="checkbox"/> yes <input type="checkbox"/> no	9) Intake assess. addressed	<input type="checkbox"/> yes <input type="checkbox"/> no
5) Contacted person	<input type="checkbox"/> yes <input type="checkbox"/> no	10) Service provider	<input type="checkbox"/> yes <input type="checkbox"/> no

	Agency comments	
Pass? <input type="radio"/> yes <input type="radio"/> no	IDPH comments	



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Agency: _____ Reviewer: _____

IDPH Overall Comments

Total Passed: _____

Total Reviewed: _____