

signifycommunity™ Svc Note Review Summation - CAH - Presumptive Eligibility Period Reviewed: ☐ NO SERVICES THIS PERIOD Agency: Reviewer: Service Date: Record 1 Contact ID#: yes no 6) Documents kept on file 1) County of Service yes no & given to family 2) Location yes no 7) Client / family feedback yes no 3) NOA# yes no 8) Coverage explained yes Ino yes no 4) Result of NOA 9) Intake assess. addressed yes no 5) Contacted person yes no ☐ yes ☐ no 10) Service provider Agency comments Pass? IDPH O yes comments O no Record 2 Contact ID#: Service Date: 6) Documents kept on file 1) County of Service yes no yes no & given to family 2) Location yes no 7) Client / family feedback yes no 3) NOA# yes no yes no 8) Coverage explained ☐ yes ☐ no 4) Result of NOA yes no 9) Intake assess. addressed ☐ yes ☐ no 5) Contacted person yes no 10) Service provider Agency comments **IDPH** Pass? O yes comments O no



signifycommunity™ Svc Note Review Summation - CAH - Presumptive Eligibility Period Reviewed:				
Agency:		Reviewer: _		
Record 3		Contact ID#:	Service Date:	
<ol> <li>County of Service</li> <li>Location</li> <li>NOA #</li> <li>Result of NOA</li> <li>Contacted person</li> </ol>			6) Documents kept on file  yes no & given to family 7) Client / family feedback yes no 8) Coverage explained yes no 9) Intake assess. addressed yes no 10) Service provider yes no	
	Agency comments			
Pass? O yes O no	IDPH comments			
Record 4		Contact ID#:	Service Date:	
<ol> <li>County of Service</li> <li>Location</li> <li>NOA #</li> <li>Result of NOA</li> <li>Contacted person</li> </ol>			6) Documents kept on file  yes no & given to family 7) Client / family feedback yes no 8) Coverage explained yes no 9) Intake assess. addressed yes no 10) Service provider yes no	
	Agency comments			
Pass? O yes O no	IDPH comments			



signifycommunity™ Svc Note Review Summation - CAH - Presumptive Eligibility Period Reviewed:				
Agency:		Reviewer:		
Record 5		Contact ID#:	Service Date:	
<ol> <li>County of Service</li> <li>Location</li> <li>NOA #</li> <li>Result of NOA</li> <li>Contacted person</li> </ol>			6) Documents kept on file  yes no & given to family 7) Client / family feedback yes no 8) Coverage explained yes no 9) Intake assess. addressed yes no 10) Service provider yes no	
	Agency comments			
Pass? O yes O no	IDPH comments			
Record 6		Contact ID#:	Service Date:	
<ol> <li>County of Service</li> <li>Location</li> <li>NOA #</li> <li>Result of NOA</li> <li>Contacted person</li> </ol>			6) Documents kept on file  yes no & given to family 7) Client / family feedback yes no 8) Coverage explained yes no 9) Intake assess. addressed yes no 10) Service provider yes no	
	Agency comments			
Pass? O yes O no	IDPH comments			



signifycommunity <sup>™</sup> Svc Note Review Summation - CAH - Presumptive Eligibility Period Reviewed:				
Agency:		Reviewe	er:	
Record 7		Contact ID#:	Service Date:	
<ol> <li>County of Service</li> <li>Location</li> <li>NOA #</li> <li>Result of NOA</li> <li>Contacted person</li> </ol>		yes   no   yes   no   yes   no   yes   no   yes   no	6) Documents kept on file  yes no & given to family 7) Client / family feedback  yes no 8) Coverage explained  yes no 9) Intake assess. addressed  yes no 10) Service provider  yes no	
	Agency comments			
Pass? O yes O no	IDPH comments			
Record 8		Contact ID#:	Service Date:	
<ol> <li>County of Service</li> <li>Location</li> <li>NOA #</li> <li>Result of NOA</li> <li>Contacted person</li> </ol>		yes no	6) Documents kept on file  yes no & given to family 7) Client / family feedback yes no 8) Coverage explained yes no 9) Intake assess. addressed yes no 10) Service provider yes no	
	Agency comments			
Pass? O yes O no	IDPH comments			



signifycommunity "SVC Note Review Summation - CAH - Presumptive Eligibility Period Reviewed:				
Agency:		Reviewer:		
Record 9		Contact ID#:	Service Date:	
2) Locat 3) NOA 4) Resul		yes no yes no yes no yes no yes no yes no	6) Documents kept on file  yes no & given to family 7) Client / family feedback  yes no 8) Coverage explained  yes no 9) Intake assess. addressed  yes no 10) Service provider  yes no	
Pass? O yes O no  Record 1	IDPH comments	Contact ID#:	Service Date:	
1) County of Service 2) Location 3) NOA # 4) Result of NOA 5) Contacted person		yes	6) Documents kept on file  yes no & given to family 7) Client / family feedback yes no 8) Coverage explained yes no 9) Intake assess. addressed yes no	
	Agency comments			
Pass? O yes O no	IDPH comments			



<b>signify</b> community™ Svc Note	e Review Summation - CAH - Presumptive Eligibility	Period Reviewed:
Agency:	Reviewer:	_
	IDPH Overall Comments	
Total Passed:		
Total Reviewed:	_	