

**New Hampshire Department of Health and Human Services
Local Agency Single Staff Certification Record Review Guide**

✓ information is present, **NA** information is not applicable, **M** information is missing/blank

Clinic & date of single staff certification:	Staff certifying:					Record Review date and staff completing:				
Record Review	1	2	3	4	5	6	7	8	9	10
A. Participant Information										
List participant's ID # & initials										
Client category, priority										
B. Eligibility Information										
Proofs—what was shown or pending										
Income										
Adjunctive Eligible (<i>Y or N</i>)										
Residency										
ID										
C. Measurements										
Anthropometrics										
Bloodwork										
D. Health Interview										
Completed										
ATOD screening										
E. Certification:										
Nutrition/Assessment/Education										
Certification Risk Factors identified										
Nutrition education topics identified										
Nutrition education materials given										
Summary of nutrition counseling										
G. Food Issuance Information										
Food Package –standard/tailored										
FP loaded/Months issued if < 3months										
Special formula documentation										
H. Other										
Referrals (other than standard)										
BASIC CONTACTS completed										
Rights & Responsibilities										
Card signature										

