

## Enrollment Monitor

Center: \_\_\_\_\_

CFA/FA: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

	Child/Family				
Income Verification Signed and Dated (Yes/No)					
Meets Income/TANF Eligibility (Yes/No)					
Meets Age Eligibility (Yes/No)					
Intent to Re-enroll in the file for second year enrollees (Yes/No)					
Recruitment Notes Reviewed by CFA/FA? (Yes/No)					
Recruitment Notes are complete - notations in each section					
Documentation on Need Included (e.g. Referral Letters, Disability Certification, etc.)					
Enrollment Forms Completed and Signed (Yes/No) (initialed and dated for second year enrollees)					
Authorization for Release of Information is completed correctly? Are medical providers' names included?					
Program Face sheet is completed (in pencil and nothing left blank)					
Enrollment face sheet is complete and accurate					
File Spine Label is correct and complete					

Strengths:

Concerns that need to be addressed:

Suggested Follow-up plan:

Date: \_\_\_\_\_ CFA/FA