

## Drug and Alcohol Treatment (D&A)/Group Living Arrangement (GLA) Facility Review

**Part I – General Facility Information**

		Date of Visit	Conducted By
Facility Name		Authorized Representative	
Facility Address			
Type of Facility			Number of Residents
GLA Proof of Certification	Authorization	Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II – Current Facility Residents**

Review Number	Case Name	Eligibility Determination Group (EDG) Number	Admission Date
Is person currently a resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verification <input type="checkbox"/> In Person <input type="checkbox"/> Facility Records	Discharge Date	Form H1019 Date
		Former resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Review Number	Case Name	EDG Number	Admission Date
Is person currently a resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verification <input type="checkbox"/> In Person <input type="checkbox"/> Facility Records	Discharge Date	Form H1019 Date
		Former resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Review Number	Case Name	EDG Number	Admission Date
Is person currently a resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verification <input type="checkbox"/> In Person <input type="checkbox"/> Facility Records	Discharge Date	Form H1019 Date
		Former resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Review Number	Case Name	EDG Number	Admission Date
Is person currently a resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verification <input type="checkbox"/> In Person <input type="checkbox"/> Facility Records	Discharge Date	Form H1019 Date
		Former resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Review Number	Case Name	EDG Number	Admission Date
Is person currently a resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verification <input type="checkbox"/> In Person <input type="checkbox"/> Facility Records	Discharge Date	Form H1019 Date
		Former resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Review Number	Case Name	EDG Number	Admission Date
Is person currently a resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verification <input type="checkbox"/> In Person <input type="checkbox"/> Facility Records	Discharge Date	Form H1019 Date
		Former resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part III – Former Facility Residents**

Review Number	Case Name	EDG Number	Admission Date
Discharge Date	Form H1019 Date	Form H1852 Listed Months	

Review Number	Case Name	EDG Number	Admission Date
Discharge Date	Form H1019 Date	Form H1852 Listed Months	

Review Number	Case Name	EDG Number	Admission Date
Discharge Date	Form H1019 Date	Form H1852 Listed Months	

Review Number	Case Name	EDG Number	Admission Date
Discharge Date	Form H1019 Date	Form H1852 Listed Months	

Review Number	Case Name	EDG Number	Admission Date
Discharge Date	Form H1019 Date	Form H1852 Listed Months	

Review Number	Case Name	EDG Number	Admission Date
Discharge Date	Form H1019 Date	Form H1852 Listed Months	

**Electronic Benefit Transfer (EBT) Account Transactions:**

Was the person's Supplemental Nutrition Assistance Program (SNAP) account accessed after the date of discharge?  Yes  No

If Yes:

Review Number	Date Accessed	Time Accessed	Amount Used
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Review Number	Date Accessed	Time Accessed	Amount Used
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Review Number	Date Accessed	Time Accessed	Amount Used
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Review Number	Date Accessed	Time Accessed	Amount Used
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Review Number	Date Accessed	Time Accessed	Amount Used
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**Additional Documentation:**

**Part IV – Review Summary**

**Summary of Review:**

Date this review provided to supervisor	Date this review provided to program manager	Negative findings in this review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date escalated to state office	By whom	