



Six Month Recertification Review Form

ATTACHMENT I

To be completed by Eligibility staff to document applicant's re-determination.

Re-determination Date Eligibility Staff Name

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Client's Name Address

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Please indicate any changes that have occurred and attach appropriate documentation:

Change No Change

Living in Florida	<input type="checkbox"/>	<input type="checkbox"/>
Participating in Other Social Service Programs	<input type="checkbox"/>	<input type="checkbox"/>
Income	<input type="checkbox"/>	<input type="checkbox"/>

The client has provided updated documentation for any items marked "change" and/or updated income information where necessary. All employment income must be verified every six months.

Fill in the following information based on the re-determination.

Household Size	
FPL	
Income	
Other Programs (list all that apply)	