9.03A   WIC Single Certifier Audit Tool

Review Date:_____Reviewer Name: _____Agency/Clinic: _____

Date Certified	Client Category	Client ID	Proof of Income	Proof of Residency	Proof of Auth Person ID	Proof of Identity (initial certification only)	Proof of Pregnancy (if applicable)	Completed within 14 days	Comments:	Follow up:

Note: Scan or copy and scan verification of Medicaid eligibility (card or screen print) into client record for adjunctively eligible clients. This will verify Income and Residency for client and, if card scanned, Identity.

See Exhibit 9.03B for instructions to complete this form