Six Month Recertification Review Form

Required Form

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

Re-determination Date	Eligibility Staff Name

Client's Name	Address

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

	Change	**No Change**
Living in Florida	☐	☐
Participating in Other Social Service Programs	☐	☐
Income	☐	☐

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)	

Eligibility Staff Printed: ___________________________________

Eligibility Staff Signature: ___________________________________

Date: _________________________