

CONLAN II COUNTY VERIFICATION

1. DATE:	2. COUNTY NAME OR COUNTY CODE NUMBER:	
3. RECIPIENT'S NAME:		4. CLIENT INDEX NUMBER:
5. STAFF NAME:	6. SIGNATURE:	7. TELEPHONE NUMBER:

INSTRUCTIONS FOR COMPLETING THE CONLAN II COUNTY VERIFICATION

Each county office shall utilize the SOC 828, County Verification Form, in the absence of a NA-690 IHSS Notice of Action (NOA), to verify the In-Home Supportive Services (IHSS) recipient's medical necessity. The completed original should be provided to the recipient to be included with their claim package. The county should maintain a copy for their records.

1. **Date:** Required Field. Enter the date the County Verification is completed.
2. **County Name or County Code Number:** Required Field. Enter the county name or the county code number of the county completing the County Verification.
3. **Recipient's Name:** Required Field. Enter the name of the IHSS recipient/client.
4. **Client Index Number (CIN):** Required Field. Enter the CIN number for the IHSS recipient. The CIN is located on the Recipient Eligibility (REL) Screen in the Case Management, Information and Payrolling System (CMIPS).
5. **Staff Name:** Required Field. Enter the name of the staff completing the County Verification.
6. **Staff Signature:** Required Field. Enter the name of the staff signing the County Verification once printed.
7. **Telephone Number:** Required Field. Enter the telephone number of the staff completing the County Verification.

The county is unable to find the NOA for the above named recipient.