

Monthly AEIS Verification Certificate

I verify that during _____, _____, that
Month Year

_____, Agency # _____ served the children identified in the
Program Name

following categories which corresponds to the verification report for this time period in GIFTS:

Service Time Category	Services provided by YOUR program.	Services provided by YOUR program for a case(s) that some OTHER program is providing Service Coordination.	Total
Not Served			
Served 1 hour			
Served 1 hr 15 mins- 2 hrs 45 mins			
Served 3 hrs or more			
Valid Attempt			
Service Coordination Only			

If your program provided services to another program, please include Page #2 with your certificate.

The following children received a make-up visit in the first 10 days of the month following the month that verification is being reported on this form. Please note the child's case ID number (do NOT list names) and the date that the make-up service was rendered. You MUST also document in the child's record your attempts to have provided the service in the month for which the child is being verified.

*****This attachment serves as our program's certified copy of verify for the noted month and serves as my signature.**

Services Provided to Other EI Program: _____

For each of the cases in the Service Provided to Other EI Program category, indicate how many for each time interval below and list the case ID # in the appropriate section.

Not Served _____:

Served 1 hr _____:

Served 1 hr 15-2 hrs 45 _____:

Served 3 hrs or more _____:

Valid Attempt _____:
