

## Monthly AEIS Verification Certificate

I verify that during \_\_\_\_\_, \_\_\_\_\_, that  
Month Year

\_\_\_\_\_ served the children identified in the  
Program Name

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

More than 3 hours: \_\_\_\_\_

Less than 3 hours: \_\_\_\_\_

Valid Attempts: \_\_\_\_\_ (all attempts must be documented in the child's record)

Provided a service to other EI program: \_\_\_\_\_

Service Coordination Only: \_\_\_\_\_

Not Served: \_\_\_\_\_

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.

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