

## Monitoring Visit Pump/Signature Capture/PAF Review

Local Agency & Clinic:

Date:

### Breast Pump Loan Review

	PID Number	Date of Pump Issuance	Proof of ID obtained (Y/N)	Signature Obtained (Y/N)	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total # of Records	# of records reviewed missing photo ID and/or signature capture	Finding Issued (Y/N) (Finding: $\geq 30\%$ of records did not meet requirements)	Comments
	Previous MV Year: Result:		

## Signature Capture Exception Review

	FID Number	Signature Date	Signature Type	Signature Exception Reason	Reason for "Other" documented (Y/N)	Signed Document Scanned/Kept in clinic file (Y/N)	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total # of Records	# of records reviewed missing signature capture (Audit Finding: $\geq 30\%$ of records missing requirements)	Finding Issued (Y/N) (Finding: $\geq 30\%$ of records did not meet requirements)	Comments
	<b>Previous MV</b> Year: Result:		

## Formula and Food Issuance Review

	PID Number	Formula	PAF Complete/ Appropriate	PAF Scanned into Compass/Kept in clinic file (Y/N)	Compass Food Package Documentatio n Complete (Y/N)	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total # of Records	# of records with incomplete PAF documentation		# of records missing PAF scanned or in clinic file.		# of records with incomplete food package documentation		Finding Issued (Finding: ≥30% of records did not meet requirements)	Comments
	Previous MV: Year: Results:		Previous MV: Year: Results:		Previous MV: Year: Results:			