



CLARIFICATION RECORD

Applicant/ Resident Name: _____ Date: _____

Initial Certification Date of Expected Move-In: _____

Recertification Effective Date: _____

Means of Clarification:

Phone Conversation Phone # _____

Person-to-Person Conversation

Other: _____

(Please state type)

Date of Clarification: _____

Contact Name: _____

Company/Organization _____

Summary of Clarification Requested:

Explanation or Clarification Given:

Signature of Employee: _____ Title: _____ Date: _____

