|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Recipient Eligibility Review  YVEDDI Weatherization Assistance Program | | | | | |
| Applicant Name: | |  | | | |
| County: | |  | File #: | |  |
|  | | | | | |
| **Application Intake Recommendation** | | | | | |
|  | Denial be issued  Reason(s): | | | | |
|  | Recommend approval based on application documents | | | | |
| By: |  | | Date |  | |
|  | (Employee Name) | |  |  | |
|  | | | | | |
| **Application Approval Action** | | | | | |
|  | Denial Issued  Reason(s): | | Date |  | |
|  | Approved based on application documents and eligibility verifications | | | | |
| Family Income  SSI Recipient  AFDC Recipient | | | | | |
| By: |  | | Date |  | |
|  | (WAP Director) | |  |  | |
|  |  | |  |  | |
| **Administrative Review** | | | | | |
|  | Approved | | Date |  | |
|  | Returned for additional information | | Date |  | |
| Comments: | | | | | |
| By |  | | Date |  | |
|  | (Executive Director) | |  |  | |
| Revised 11/2018 dr | | | | | |