# Monthly AEIS Verification Certificate

I verify that during _____, _____, that
<div style="text-align:center">Month                       Year</div>

_____, 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_____:

_____

_____

_____

_____

_____

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# Extensive Travel-Tier Increase

Complete this page only if you are requesting to be compensated for extensive travel. (Refer to the verification procedures on this topic for more infomation.) For each extensive travel tier increase, list the case ID number (do not list names) for the child that the increase was applied and the date of the extensive travel for this verification month. Please remember that only one child per 120+ mile round-trip can receive the one level increased amount.

| | |
|---|---|
| 1. | 31. |
| 2. | 32. |
| 3. | 33. |
| 4. | 34. |
| 5. | 35. |
| 6. | 36. |
| 7. | 37. |
| 8. | 38. |
| 9. | 39. |
| 10. | 40. |
| 11. | 41. |
| 12. | 42. |
| 13. | 43. |
| 14. | 44. |
| 15. | 45. |
| 16. | 46. |
| 17. | 47. |
| 18. | 48. |
| 19. | 49. |
| 20. | 50. |
| 21. | 51. |
| 22. | 52. |
| 23. | 53. |
| 24. | 54. |
| 25. | 55. |
| 26. | 56. |
| 27. | 57. |
| 28. | 58. |
| 29. | 59. |
| 30. | 60. |

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