

Target Coverage - Regional Reviews

For each State in your region, indicate target coverage with a yes or no. If the target was not covered, explain why not in the comments section below the chart. Also, please provide any other details that would be helpful in describing your review activities. See example.

REGION: _____

State	State-level Program Access*	Claims	Corr. Action	Nut. Edu.*	ME*	E&T	Issuance EBT	Other (Non-Target)
# States Targeted								

* Please identify the local site that was visited to fulfill the review requirement.

Comments:

REGION: Example

State	State-level Program Access*	Claims	Corr. Action	Nut. Ed.*	ME*	15% ABAWD exempt.	Issuance EBT	Other
State a	Yes	Yes	Yes	NA ³	Yes ⁵	Yes	Yes	Civil Rights, QC SASA
State b	Yes	No ²	Yes	Yes ⁴	Yes ⁶	Yes	Yes	QC SASA
State c	No ¹	Yes	Yes	Yes	Yes ⁷	Yes	Yes	
Etc.								
# States Targeted	2	2	3	2	3	3	3	

** Please identify any local sites visited..*

Comments:

- 1 – Program access was not covered in State C because ...
- 2 – Recipient claims was not covered in State B because...
- 3 – The Nutrition Education Project in State A was not selected as one of the two State projects targeted for review.
- 4 – Project reviewed at the local level in Lewis County office on Main Street.
- 5 - Onsite review conducted at Madison County local office.
- 6 - Onsite review conducted at Johnson City local office #2.
- 7 - Onsite review conducted at Jackson county local office.

Note: These examples are not intended to be a comprehensive listing of the types of information that should be recorded in the comments section.