



Aging & Disability Verification Statement

Vendor: _____

Reporting Period: _____

Original Report(s)

Corrected or Revised Reports(s)

****Vendor – Complete this portion & Email to sams@ncnmedd.com WITH SIGNED REPORTS****

Data Entry

Reconcile Data

Original Data entered

Data Corrected/Revised
 Corrected/revised report includes: "Revised" in the report title

AAA-Agency Summary Report reconciled to data source
 AAA-NSIP Report reconciled to AAA-ASR
 Documentation of reconciled data kept & maintained with file

Tracking Unregistered Consumers (If applicable)

- We did not have unregistered consumers in this reporting period.
- Unregistered consumers and their total units have been listed in the comments section of the Service Delivery Detail.
- Unregistered Service Delivery Detail printed, signed, and dated.
- Year-to-Date Unregistered Spreadsheet updated.

By checking this box and typing my name below, I certify that I have completed each data entry step as detailed above.

Name: _____ Title: _____ Date: _____

Non-Metro AAA Complete & Returned to Vendor

- AAA-Agency Summary Report (ASR)
- AAA-NSIP Report (if applicable)
- Unregistered Service Delivery Detail (if applicable)
- Caregiver Reconciliation Report (if applicable)

Name: _____ Title: _____ Date: _____

Vendor – Complete this portion & Upload to Monthly Expenditure Folder for Payment

Action Required for Correct Reports:

Comments

The following reports have been signed/dated as corrected:

- AAA-Agency Summary Report (ASR)
- AAA-NSIP Report (if applicable)
- Unregistered Service Delivery Detail (if applicable)
- Caregiver Reconciliation Report (if applicable)

Errors Discovered

VENDOR – Upload to Citrix

[Monthly Expenditure](#)

I have reviewed the AAA Report(s) for the month of _____ 20____, and hereby submit for payment.

Name: _____ Title: _____ Date: _____