

CSFP Chart Review/Community Profile

Revised 1/29/15

Date: _____ Reviewer: _____

Agency: _____ Clinic: _____

	1	2	3	4	5
Client Name and ID # (list)					
Category					
Gender					
Date of Birth (list)					
<u>Family Information</u>					
Proof of Address (no code 10, no PO Boxes)					
<u>Certification/Client File</u>					
Documentation of income documented correctly					
<u>Nutrition Education</u>					
Appropriate Nutrition Education					
# of Nutrition Education contacts per certification (list the number of topics)					
Does the client have at least 1 nutrition education topic?					

* A minimum of 5 women, 5 children and 5 senior charts should be reviewed at each site visited

Y = Complete, done correctly

N = Incorrectly done

N/A = Not applicable