



Monthly Income Eligibility Statement (IES) Checklist

Center Name: _____

Claim Month: _____

GNSI OFFICE USE ONLY

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Participant's Name	Participant Status	Effective Date	At-Risk? (Y/N)	IES Complete?	Infant	Status	Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Status: F/R/P – Free/Reduced/Paid E – Expired (Free to Paid)

Completed by:

(printed): _____ Signature: _____

Center Representative

Date: _____