

DIGITAL DEVICE DELIVERY FILE REVIEW GUIDE

Unique Identifiable Number	Fleet Purchase Date	Device Type (i.e. Laptop, tablet, Wi-Fi equipment, etc.)	Grant Recipient	Docket
	Click to enter a date.			5-CPF-2024

Reviewer	Review Date
Click to enter a name.	Click to enter a date.

DIGITAL DEVICE DELIVERY SUMMARY	Comments										
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If Applicable (Repeat as many times as needed)

Service Start Date	Service Close Date
Click to enter a date.	Click to enter a date.

Participant Information		
Unique Identifiable Number	County of Residence	Household Size
Address	City, State	Zip

Participant Target Population Eligibility

Yes No Local application form signed & dated: Click to enter a date.

Yes No N/A Affected by COVID-19 Public Health Emergency

Source Documentation: Self-Attestation None found

Yes No N/A Underserved

Source Documentation: Self-Attestation Other: _____
 None found

Yes No N/A Under connected

Source Documentation: Self-Attestation Other: _____
 None found

Yes No N/A Low-Income Household

Household Income: _____
 At or below 200% of Federal Poverty Guideline
 ALICE Household
 Household unable to afford the basics

Source Documentation: Self-Attestation Other: _____
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LOCAL POLICY	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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Device delivery was in accordance with Local Policy (if applicable)	
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EVALUATION OF DIGITAL DEVICE DELIVERY	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No Complete and accurate documentation is seen in the file	
<input type="checkbox"/> Yes <input type="checkbox"/> No Digital devices were deployed in a timely manner.	
Outcome details: _____	

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FINDINGS	OBSERVATIONS	AREAS OF STRENGTH	CORRECTIVE ACTIONS