

Group Living Arrangement (GLA) Observation Form

Country: _____ Reviewer Name: _____

Facility Name: _____

Facility Address: _____ Review Date: _____

#	Observation	Compliance (Y/N/Q)	Comments, Discrepancies, or Issues:
Facility Processes			
1	How many residents does the GLA serve?		
2	How does the facility determine which participation level its residents will participate under?		
3	Does the facility utilize Authorized Representatives (ARs)? If so, are they designated in writing?		
4	What are the facility's processes surrounding SNAP applications? (Who completes, how, etc.)		
5	Describe the process after a resident leaves the facility. What correspondence happens between the facility and the County?		
6	Describe the process for swiping residents' EBT cards. When is it done/how much is taken?		
EBT Card Security			
7	Does the AR have their own EBT card for each client?		
8	Are EBT cards retained in a secured, centralized location? Are they kept separate from the PIN?		
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Facility Documentation			
9	Does the facility retain proof of its certification?		
10	Does the facility submit a new "Facility AR Form" annually each January and whenever the AR changes?		
11	(For facilities that use "Participation Level 3") Is the facility an FNS authorized retailer with a working/active Point of Sale (POS) device?		
12	Does the facility submit a timely roster to the County each month? Is it signed by a facility official?		
13	Are the rosters/records that were submitted to the County consistent with the records that are retained by the facility (reviewed on-site)?		

