PRE- VALIDATION

VALIDATION TEAM VISIT TRACKER - Individuals on the *Request for Services Registry Living in Nursing Homes or Intermediate Care Facilities*

Individual's Last Name	Individual's First Name	SS#	Region	Assigned Validation Team Member's Name	Date Assigned For Validation in Region	Name of Person Contacted	Date of 1st Call to schedule Face to Face Validation Visit	Outcome of 1st Call to Schedule Validation	Date of 2nd Call to schedule Face to Face Validation Visit	Outcome of 2nd Call to Schedule Validation	Date of 3rd Call to schedule Face to Face Validation Visit	Outcome of 3rd Call to Schedule Validation	Date Face to Face Validation Visit SCHEDULED