



GOOD CAUSE DETERMINATION MEETING CHECKLIST

Please submit this good cause checklist to your DOS for approval to mail a good cause meeting notice.
Policy states good cause notices must be sent within 2 days of noncompliance

<u>Customer Information</u>	Customer's Name:	Date:
	Is the customer normally compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the EP expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How long has the customer been non-compliant?	Number of days: _____
	What work activity(s) is the customer in?	<input type="checkbox"/> UE <input type="checkbox"/> WE <input type="checkbox"/> VE <input type="checkbox"/> JS/JR <input type="checkbox"/> CS <input type="checkbox"/> other _____
<u>Re-Engagement</u>	Have we attempted to reengage the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How has Community Options staff tried to engage/reengage the customer? ***It is very important that the CO staff completed a site and/or home visit before a GCD mtg. is requested. If one is not completed, it is likely your request for GCD will be denied.	<input type="checkbox"/> Phone # of attempts: _____ <input type="checkbox"/> By Mail/Text # of attempts: _____ <input type="checkbox"/> In Person # of attempts: _____
	Is the lack of compliance/ participation documented in case notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is each attempt to reengage the customer documented in case notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the customer given a specific date/ time to re-engage and are those specifics documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have we attempted to contact the employer/ worksite/ or school in order to gather needed information? (ROI must be current)	<input type="checkbox"/> Phone # of attempts: _____ <input type="checkbox"/> By Mail/Text # of attempts: _____ <input type="checkbox"/> In Person # of attempts: _____
<u>Customer Service</u>	Has any attempt been made to contact the Eligibility worker regarding the customer's noncompliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did we assist the customer in setting up a work activity that best meets their goals, and is it clearly noted on their EP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did we offer to pick up timesheets if needed, and is it clearly noted either in case notes or on their EP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have we assisted them in overcoming their barriers so that they are able to comply? If Yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No How: _____
	If specific barriers are causing excessive hindrances, have you case consulted with your supervisor/ team?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
	Are their medical/psychological issues occurring with the customer or a family member living in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the next section
<u>Customer Service- Medical Specific</u>	Have we assisted in gathering medical documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have we submitted to the SMRT and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
	Are they currently on a modified plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Plan exp: _____
	Have we asked if they need assistance in applying for SSI or SSDI?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____