



## Non-Metro Area Agency on Aging ~ Tukumcari Data Center ~ Daily Transmittal Sheet ~ A&D Consumer Forms for Data Entry

Provider: _____ Site: _____  Contact Phone: _____ Contact Name: _____	Total Pages: _____ Uploaded to ShareFile on: _____	<p style="text-align: center;"><b>* Provider Certification of Accuracy *</b></p> Were the consumer forms reviewed and verified for accuracy? <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewed By: _____ <input type="checkbox"/> <i>By checking this box and typing my name, I certify that I reviewed the consumer forms for accuracy.</i>
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** Provider Use **						** Non-Metro AAA Use Only **				
* Returned Forms *	Last Name, First Name, MI	Wellsky ID	Type of Form	# of Pgs	Received	NOT Correct Complete	Date Returned to Vendor	Date Received Back	Consumer Info Entered into SAMS	
Which forms are you re-submitting? ↓ Date Re-submitted	<b>CAUTION: Do not use Enter Key on keyboard when typing below!</b>								Initials	Date
<input type="checkbox"/> ___/___/___	1		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	2		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	3		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	4		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	5		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	6		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	7		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	8		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	9		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> ___/___/___	10		<input type="checkbox"/> New <input type="checkbox"/> Reassess <input type="checkbox"/> Short		<input type="checkbox"/>	<input type="checkbox"/>				

** Non-Metro AAA Use Only **			
<i>By signing below, I verify that I did a quick review of the consumer forms listed above that they have (or have not) been received as indicated.</i>			
Verification of: <b>Original Transmittal</b> and Quick Review of Forms		Verification of: <b>Re-submitted Transmittal</b> and Quick Review of Re-submitted Forms	
<input type="checkbox"/> _____  <div style="text-align: right;"><i>Signature</i></div>	Transmittal received & uploaded to ShareFile on:  Date: ___/___/___ Time: ____:____	<input type="checkbox"/> _____  <div style="text-align: right;"><i>Signature</i></div>	Transmittal received & uploaded to ShareFile on:  Date: ___/___/___ Time: ____:____
AAA Comments: _____		AAA Comments: _____	