

# POLICY DISSEMINATION REVIEW / TRAINING CONFIRMATION

Name and Title of Person Conducting Review or Training: \_\_\_\_\_

Mail Drop: \_\_\_\_\_ Site Code: \_\_\_\_\_ Date: \_\_\_\_\_

POLICY INFORMATION REVIEWED	
Date Published	Policy Subject of What's Changed Page in the CNAP Manual

ATTENDEES		
Name (Last, First) – Please Print	Signature	Mail Drop

<b>ATTENDEES (continued)</b>		
<b>Name (Last, First) – Please Print</b>	<b>Signature</b>	<b>Mail Drop</b>

Supervisor's Name (Last, First, M.I.) – Please Print

Supervisor's Signature

Office Manager's Name (Last, First, M.I.) – Please Print

Office Manager's Signature

# Completion Instructions

**A. Purpose:** The purpose of this form is to provide local office management with a tool to monitor the receipt and review of new, current and revised policy. New and revised policy **MUST** be reviewed or trained within one month from date of issuance. [Index: *Policy Dissemination Process – Overview*]

**B. Completion:**

<i>Name and Title of Person Conducting Review or Training</i>	The name of the person who is completing the policy review or training.
<i>Mail Drop</i>	The mail drop where the policy review or training is being conducted.
<i>Site Code</i>	The site code where the policy review or training is being conducted.
<i>Date</i>	The date the policy review or training is being conducted.

**POLICY INFORMATION REVIEWED:**

<i>Date Published</i>	The date the What's Changed page was published in the Cash and Nutrition Assistance Policy (CNAP) Manual.
<i>Policy Subject of What's Changed Page of the CNAP Manual</i>	The name of the subject from the What's Changed page in the CNAP Manual that was reviewed.

**ATTENDEES:**

<i>Name</i>	The printed full name of each person attending the review.
<i>Signature</i>	The signature of the person attending the review.
<i>Mail Drop</i>	The mail drop for each person attending the review.
<i>Supervisor's Name</i>	The printed full name of the supervisor.
<i>Supervisor's Signature</i>	The signature of the supervisor.
<i>Office Manager's Name</i>	The printed full name of the office manager.
<i>Office Manager's Signature</i>	The signature of the office manager.

**C. Retention:** The Office Manager or Supervisor retains the form for 12 months from the date of the policy training or review.

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