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#### **Attachment C**

#### **Site Review**

This document must be completed by the Provider for each site. It must be filed at the site for review by the AAA during the performance review process.

Name of Site:      Date:

Provider Review Completed By:      Title:

1. The site is accessible to the target population. Yes [ ]  No [ ]

2. The site is available for walk-in clients. Yes [ ]  No [ ]

3. A room for confidential interviews with clients is available. Yes [ ]  No [ ]

Write any comments.

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