

Step 2 - Sample Verification Summary Report

Illinois State Board of Education

Christopher A. Koch, State Superintendent

School-Based Child Nutrition Programs Verification Summary Report

As required by Federal Regulations of The United States Department of Agriculture (7CFR245)

Sponsor Agreement Number	<input type="text"/>	
Sponsor Name	<input type="text"/>	
Program Year	2012	
Type of Sponsor	<input type="checkbox"/> Public <input type="checkbox"/> Private	

Applications that are **verified for cause** ARE NOT included on this report.

PRE-VERIFICATION

I. Enrollment, Application and Eligibility Information PRIOR TO VERIFICATION

1. Type of Free/Reduced Price Application Used

Household

If individual applications are received for each child in a household/family, they must be combined and counted as one application.

	A. TOTAL number of sites operating a NSLP and/or SBP as of last operating day in October.
2. Number of sites operating the National School Lunch Program and/or School Breakfast Program as of the last operating day in October	<input type="text"/>
3. Number of enrolled students with access to National School Lunch Program and/or School Breakfast Program (regardless of eligibility status) as of the last operating day in October	<input type="text"/>

	A. Student Count Number of approved students as of the last operating day in October	B. Application Count Number of approved applications as of October 1				
4. Total FREE-ELIGIBLE reported Auto calculates based on totals entered in Column A, lines 4-1, 4-2, and 4-3 below.	<input type="text"/>					
4-1. Number of <u>students</u> approved as FREE ELIGIBLE based on:						
<ul style="list-style-type: none"> Electronic direct certification Homeless, runaway and migrant listing Head Start or Even Start listing Residential students in RCCIs Applications submitted by LEAs on behalf of student 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Electronically Direct Certified students</td> <td style="width: 50%;">All other categorically eligible students</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	Electronically Direct Certified students	All other categorically eligible students	<input type="text"/>	<input type="text"/>	
Electronically Direct Certified students	All other categorically eligible students					
<input type="text"/>	<input type="text"/>					
	<input type="text"/>					

NOTE: Those listed above are NOT subject to verification.

4-2. Number approved as FREE-ELIGIBLE based on SNAP/TANF case number, AND applications that ONLY have a FOSTER CHILD(REN) .	ALL foster children that were approved for benefits based on a household eligibility application should be included in this student count.	<input type="text"/>
4-3. Number approved as FREE-ELIGIBLE based on Income/Household Size information submitted on an application.	DO NOT include foster children in this count.	<input type="text"/>
5. Total REDUCED-PRICE ELIGIBLE reported	DO NOT include foster children in this count.	<input type="text"/>
6. Local Education Agencies (LEAs) are required to use the Basic/Standard Sampling . The sample size is based on the number of applications reported in 4-2B; 4-3B and 5B above.	<input checked="" type="radio"/> Basic/Standard Sample Size - is based on <u>the lesser of</u> 3,000 or 3 percent of all approved applications on file as of October 1, pulled from error-prone applications first.	The number of applications to be verified is no more or no less than: <input type="text"/>

POST-VERIFICATION

II. Verification Results

For each application verified:

1. Identify how the original determination of meal benefits was made. Which of the following categories does each application selected for verification fall into?
 - o **Column A** - Applications originally approved as **FREE-ELIGIBLE** based on **SNAP/TANF, AND** applications that **ONLY** have a **FOSTER CHILD(REN)**.
 - o **Column B** - Applications originally approved as **FREE-ELIGIBLE** based on **Income/Household Size**
 - o **Column C** - Applications originally approved as **REDUCED-PRICE ELIGIBLE** based on **Income/Household Size**
2. Identify what action occurred as a result of verification.
 - o **Line 7 - Responded - No Change** - Household provided all documentation and information necessary to complete verification. Original benefit level was verified as correct. **Applications that have been directly verified to be eligible for free meals by use of the Direct Verification option available through the IWAS/ACES Direct Certification system should be reported appropriately on Line 7 OR Line 8.**
 - o **Line 8 - Responded - Changed to Free** - Household provided all documentation and information necessary to complete verification. Documentation provided showed household is eligible for FREE and LEA changed benefit level appropriately. **Applications that have been directly verified to be eligible for free meals by use of the Direct Verification option available through the IWAS/ACES Direct Certification system should be reported appropriately on Line 7 OR Line 8.**
 - o **Line 9 - Responded - Changed to Reduced-Price** - Household provided all documentation and information necessary to complete verification. Documentation provided showed household is eligible for REDUCED and LEA changed benefit level appropriately.
 - o **Line 10 - Responded - Changed to Paid** - Household provided all documentation and information necessary to complete verification. Documentation provided showed household was **NOT** eligible for FREE or REDUCED benefits and LEA changed benefit level appropriately. **Additionally**, any households that after multiple requests only partially responded, **OR** indicated verbally or in writing that they would not comply with requests for verification materials should also be included on this line.
 - o **Line 11 - Did Not Respond - Changed to Paid** - Household did not respond to requests for verification information, did not provide any documentation or information necessary to complete verification, **OR** did not indicate verbally or in writing that they would not comply with request.
3. Enter in correct number of **applications** and correct number of **students** in the appropriate fields.
4. **When reporting verification results, FOSTER CHILDREN** and income based students must be included in the *Row* (7-11) and the *Column* (A, B, C) that is specific to the actual application the student was listed on.

		A. Applications originally approved as FREE-ELIGIBLE based on SNAP/TANF, AND applications that ONLY have a FOSTER CHILD(REN)	B. Applications originally approved as FREE-ELIGIBLE based on Income/Household Size	C. Applications originally approved REDUCED-PRICE ELIGIBLE based on Income/Household Size
7. Responded -- No Change	Number of applications	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number of students	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Responded -- Changed to Free	Number of applications			<input type="text"/>
	Number of students			<input type="text"/>
9. Responded -- Changed to Reduced-Price	Number of applications	<input type="text"/>	<input type="text"/>	
	Number of students	<input type="text"/>	<input type="text"/>	
10. Responded -- Changed to Paid	Number of applications	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number of students	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Did Not Respond -- Changed to Paid	Number of applications	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number of students	<input type="text"/>	<input type="text"/>	<input type="text"/>