School Nutrition Program Verification Process

School Year 2024-2025



Agenda

Who does not conduct verification process?

Who must conduct verification process?

Verification Process

Things to remember

Questions and Answers



Who does NOT conduct Verification?

<u>Community Eligibility Provision</u> (CEP) districtwide No household applications =

- No Verification
- No Verification Summary Report

Residential Child Care Institute (RCCI)

Children who reside in RCCI



Who must conduct Verification?

ALL School Nutrition Program (SNP) sponsors who collected

Household Eligibility Applications (HEA)

July 1-October 1, 2024



Poll Question:

Have you received training previously on the verification process?

- ☐ No, this is my first year
- ☐ Yes, only training from others in my district
- ☐ Yes, attended an ISBE in person Verification training
- ☐ Yes, viewed recorded ISBE Verification training



Poll Question:

What is the enrollment for your district?

- Less than 250
- □ 251 to 500
- **501-1500**
- **1**501-3000
- **□** 3001 or above



Terminology— What's the Difference?



Direct Certification



Certification



Verification



Direct Certification

Public School Districts

- July 1— Annual File
- Aug-June Monthly File
- File Upload
- Single Child Match

Non-Public School Districts

- File Upload
- Single Child Match

Direct Certification recorded webinar



Certification

Determining Official-

A district employee responsible for the distribution and approval process for HEAs

Confirming Official-

A district employee, not the certifying official, who reviews applications after determinations

Certification of Household Eligibility Applications recorded webinar

Verification

Verification = reconfirmation of eligibility for FREE and REDUCED-PRICE meals under the NSLP and SBP.

- Verification of 3% household eligibility application(s)
- Contacting household to request documentation to support information on the household eligibility application previously approved for benefits
- Students or households that are directly certified, or are categorically eligible, ARE NOT subject to verification



Verification for Cause

Verification for cause= requesting documentation to support questionable information on HEAs

- Sponsor have an obligation to verify questionable applications, or applications where there is firsthand knowledge that information provided is incorrect.
- Must follow Steps 2-4 of the Verification Process.
- Applications verified for cause are in addition to the required 3% sample size.



Pool vs Sample



 Pool = total number of applications that are approved for meal benefits and not found in direct certification files.



• **Sample** = calculate 3% of the pool and randomly select applications.



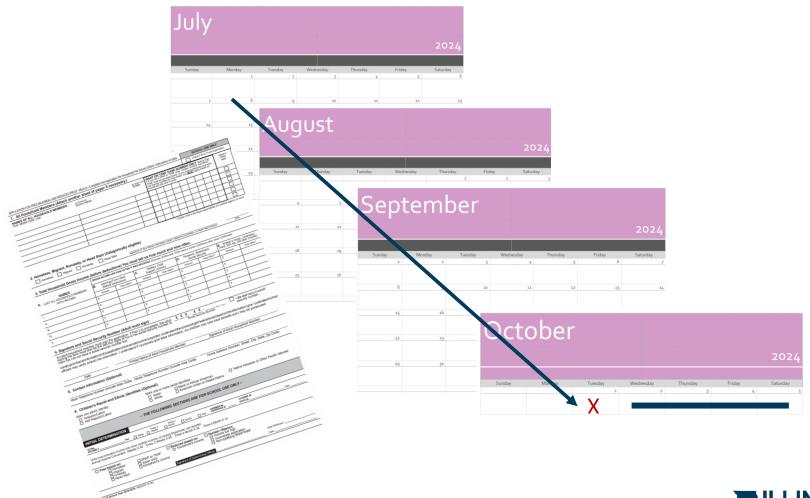
Poll Question:

Number of households receiving benefits from HEAs?

- Less than 25
- **□** 25 to 50
- **□**51-100
- **101-200**
- □201 or above



Household Eligibility Applications





October 1st Data Collection

Snapshot of Benefits

Use the individual student data on

October 1

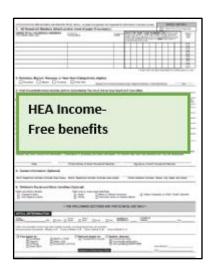
to process step 1 verification

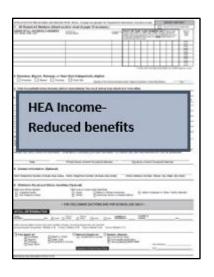
Application Status

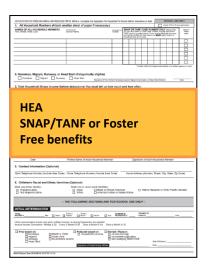




Household Eligibility Applications (HEA)







Note:

Medicaid numbers may not be approved for benefits on HEAs.



Poll Question:

Most commonly approved application?

- □SNAP/TANF
- ☐ Income-free benefits
- ☐ Income-reduced benefits
- ☐ Foster child
- ☐ Homeless, migrant, runaway, or head start



Use Direct Certification System

Free Benefits

Before counting applications of approved pool:

- ✓ Check the direct certification system for the JulyOctober reports.
- ✓ Remove any applications from the pool for students found free on direct certification files and those with extension of free benefits.



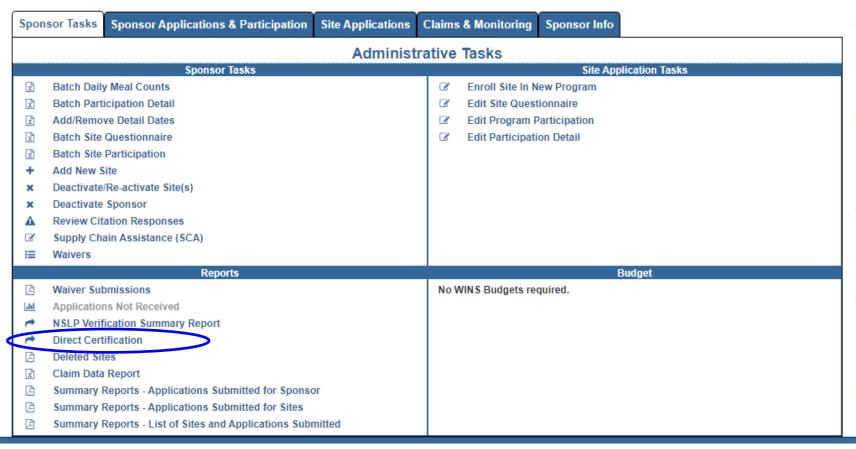
Use Direct Certification System REDUCED Medicaid Benefits



Before counting applications for approved pool:

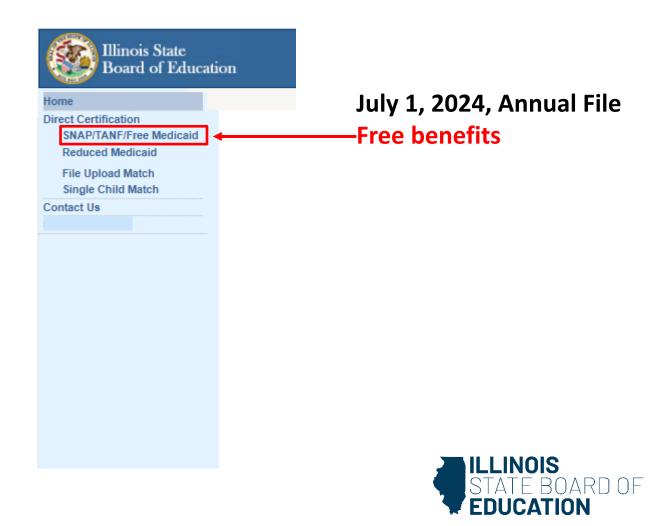
- ✓ Check direct certification for any income applications
 approved for reduced benefits. Remove the application from
 the pool for students found REDUCED Medicaid on direct
 certification files and those with extension of REDUCED
 Medicaid benefits.
- ✓ If a **Reduced Medicaid** household is also found directly certified as **SNAP** or **TANF**, change the household to free and count them according to the new determination.

Verification Summary Report-VSR

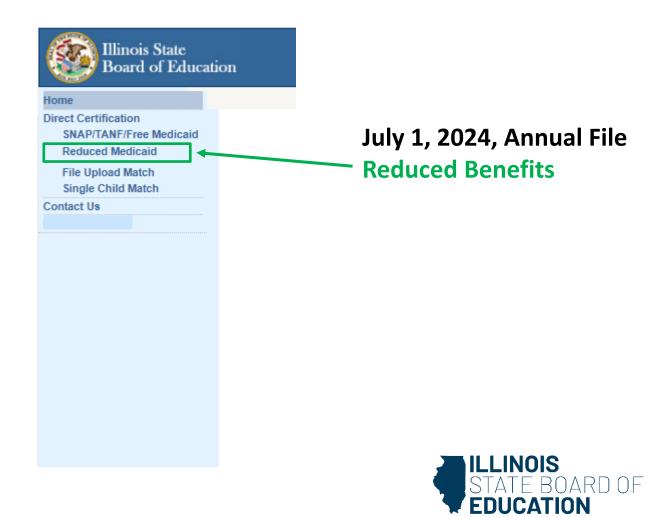




Use Direct Certification System



Use Direct Certification System



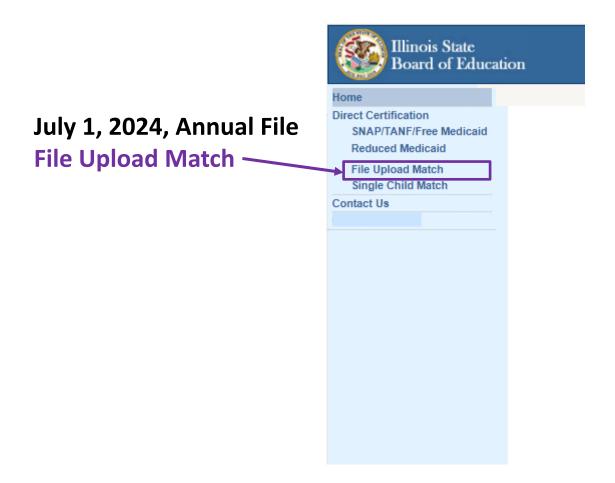
Use Direct Certification System-REDUCED Medicaid Benefits

EXACT Matches:

First Name	Last Name	Birth Date	Sex	Assistance Source	Agency Identifier	Street Address	City	State	Zip
Student Nan	ne 0	0/00/00	M/F	Reduced Medicaid	>		CHICAGO	IL	606440 000
						Total Number	of EXACT Matche	s:	



Use Direct Certification System





Use Direct Certification System



July 1, 2024, Annual File Free benefits
Reduced Benefits

August 1, 2024 to June 20, 2025 Monthly reports provide any additional students added since the annual file.

Free benefits
Reduced Benefits



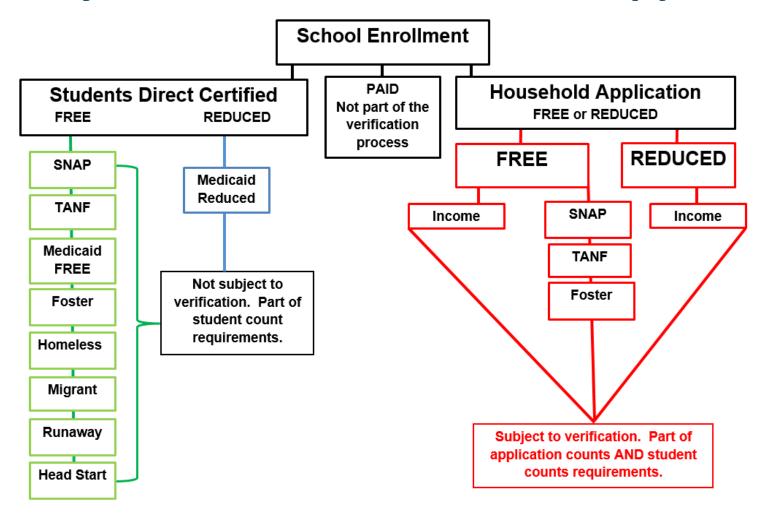
Poll Question:

Do you upload an enrollment file to check for directly certified students?

- Yes
- ☐ I plan to this year
- ☐ I don't know how to



Directly Certified vs Household Application



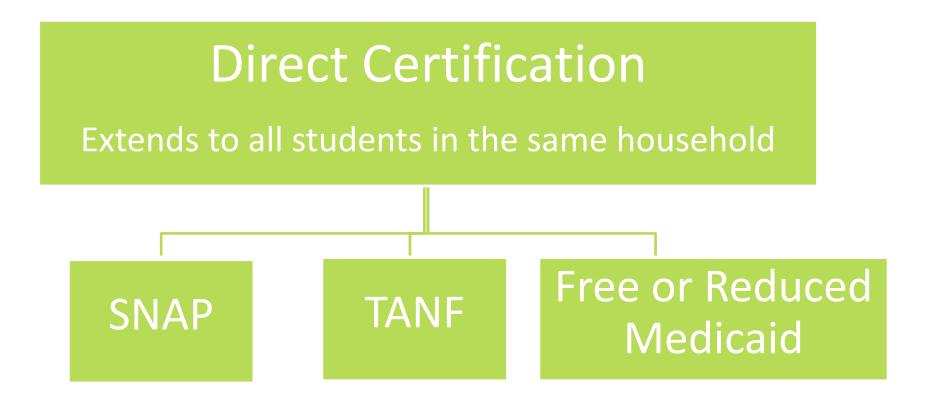
Categorically Eligible Chart

Extension of Benefits

Household Eligibility Application Extends to all students in the same household SNAP TANF



Extension of Benefits





Extension of Benefits





Verification Process

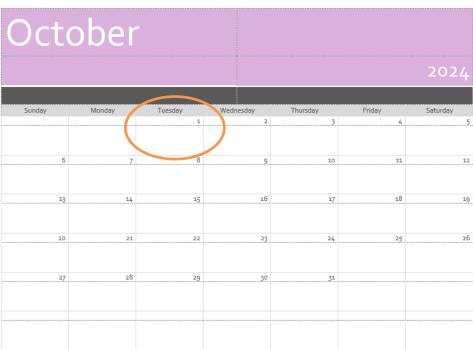
Step 1

Application Count as of October 1st, access VSR step 1



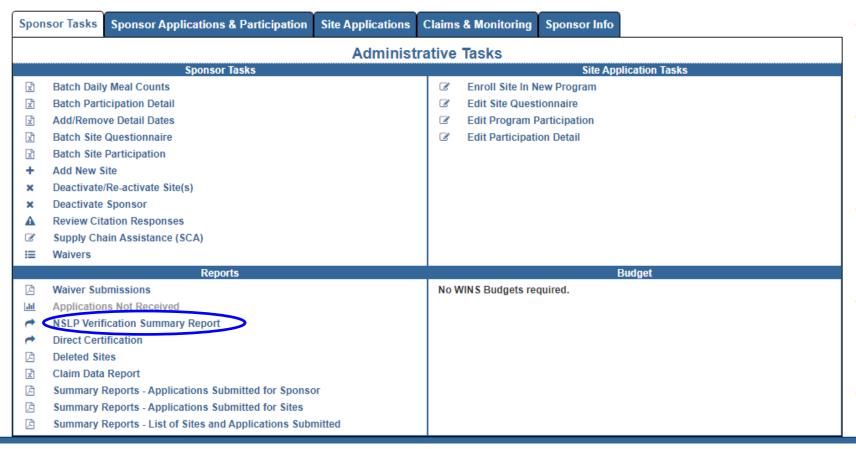
Verification Process







Verification Summary Report-VSR



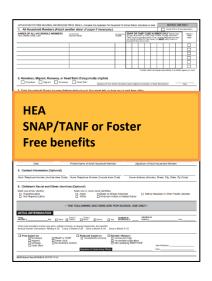


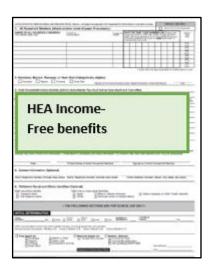
Data Collection Form

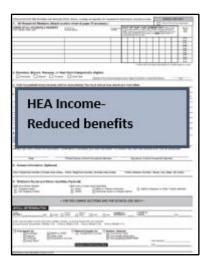
By answering the following questions, you will be collecting the data that is required for Sto	ep 1, Questions 1-5.
Data collection: Answer the following questions as of Oct. 1 using districtwide data.	
Step 1 Application Counts: Section for reporting <u>paper applications only</u> . Do not count stu Prior to reporting Household Eligibility Application(s), count search for students listed on al Certification system and remove any applications from this count that were found to be dis applications for student(s) that could not be directly certified.	l application(s) in the Direct
Step 1: Application Count	
Question 1:	
How many applications were approved based on one of the following in Sections 1 or 2 o	f HEA:
Applications that household(s) provided a SNAP or TANF case number	application(s)
Application(s) for approved for foster child	application(s)
Total applications	application(s)
	on total on Step 1, Question 1
Question 2:	
Applications approved for FREE meal benefits based on income data (Section 3)	application(s)
Enter application	on total on Step 1, Question 2
Question 3: Applications approved for REDUCED meal benefits based on income data (Section 3)	application(s)
Question 4: Will auto calculate total number of applications listed on Questions 1	-3
Question 5: Enter the number of error prone applications received	application(s)

Data Collection Form

Household Eligibility Applications (HEA)







Note:

Medicaid numbers may not be approved for benefits on HEAs.



Household Eligibility Applications (HEA)

APPLICATION FOR FREE MILK/MEAL AND REDU	CED-PRICE MEALS—Complete One Applica	ation Per Household Per S	School Distric	ct. Instructio	ns on back		SCH	HOOL US	E ONLY
1. All Household Members (Attach	another sheet of paper if nec	essary.)					Ched	k if Error Pro	one Applica
NAMES OF ALL HOUSEHOLD MEMBERS	(for Student only)	By States out a	SNAP O	R TANE C	ASE NUI	MBER C	ONLY S	kip to Part	Che
First, Middle Initial, Last	School Name	for Student only) Grade	4 if you list TANF must not directly	a SNAP or 1 t be provided certified for size and inc	ANF case if below. If yo free meals,	number. A ou receive you <u>MUS</u>	Medicaid Apply b	e SNAP/ d and were ased on	For
			nousenous	SIZE BIIG IIIG	ome.			_	+ -
			-	+	-	\vdash	\vdash	-	+
			\vdash	+		\vdash	\vdash	_	+
			\perp	\perp			\sqcup		
				\top					Т
				+	-		\vdash	-	╅
				* A foste	r child is the	legal res	ponsibility	y of a weifar	e agency o
	SNAF Free k	•		•					
An adult household member must sign the signing the form must also list the last four mark the I do not have a social security nu- certify (promise) all information on this applica	e application. If Part 3 is completed, the digits of his or her social security nui amber box. ation is true and all income is reported. I un	mber ors	- X X	rity Numbe	ased on t	he inform	securi mation (ot have a ty number	er. Verstands
An adult household member must sign the signing the form must also list the last four mark the I do not have a social security nu- certify (promise) all information on this applica	e application. If Part 3 is completed, the digits of his or her social security nui amber box. ation is true and all income is reported. I un	mber ors	Social Secu	rity Numbe	ased on t	he inform	securi mation (ty numbe	er. Verstands
An adult household member must sign the igning the form must also list the last four nark the I do not have a social security nu- certify (promise) all information on this applica	e application. If Part 3 is completed, the digits of his or her social security nui amber box. ation is true and all income is reported. I un	mber or s nderstand the school w e information, my ch	Social Secu vill get Fede nildren maj	rity Numbe	ased on ti al benefit	he infom	securi mation I may be	ty numbe give. I und e prosect	er. Verstands
An eauth household member must sign the glightigh the form must also list the east four mark the 1 do not have a social security in certify (promise) all information on this applica difficials may verify (check) the information Date	application. If Part 3 is completed, the digits of his or her social security number box. at the social security number box. at the social security number box. at the social security and all income is reported. I understand if I purposely give false. I understand if I purposely give false.	mber or s nderstand the school w e information, my ch	Social Secu vill get Fede nildren maj	ralfundsb y lose me	ased on ti al benefit	he infom	securi mation I may be	ty numbe give. I und e prosect	er. lerstands
In adult household member must sign in gring the form must also list the last thu pring the form must also list the last thu mark the 1 do not have a social security in cently (promise) all information on the light fillicials may verify (check) the information Date Date October 1 (Optional)	e application. If Part 3 is completed, the digital files of the Social security faul milber box. In the social security faul milber box and all income is reported. I understand if I purposely give fals. Printed Name of Adult Househ	miber or some some series of some series of some series of series	Social Secu vill get Fede nildren maj	rity Numbe eral funds by lose me Signature	ased on ti al benefit of Adult	he inform is and I Househ	securii mation I şi I may be hold Me	ty numbe give. I und e prosect ember	erstand s
An adult household member must sign in pringing the form must also list the isal thu pringing the form must also list the isal thu mark the 1 do not have a social security in cently (promise) alinformation on his difficials may verify (check) the information Date Date 5. Contact Information (Optional)	e application. If Part 3 is completed, the digital files of the Social security faul milber box. In the social security faul milber box and all income is reported. I understand if I purposely give fals. Printed Name of Adult Househ	miber or some some series of the school when the information, my character of the school of the scho	Social Secu vill get Fede nildren maj	ralfundsb y lose me	ased on ti al benefit of Adult	he inform is and I Househ	securii mation I şi I may be hold Me	ty numbe give. I und e prosect ember	erstand s
An adult household member must sign in pringing the form must also list the isal thu pringing the form must also list the isal thu mark the 1 do not have a social security in cently (promise) alinformation on his difficials may verify (check) the information Date Date 5. Contact Information (Optional)	e application. If Part 3 is completed, the digital files of the Social security faul milber box. In the social security faul milber box and all income is reported. I understand if I purposely give fals. Printed Name of Adult Househ	miber or some some series of the school when the information, my character of the school of the scho	Social Secu vill get Fede nildren maj	rity Numbe eral funds by lose me Signature	ased on ti al benefit of Adult	he inform is and I Househ	securii mation I şi I may be hold Me	ty numbe give. I und e prosect ember	erstand s ited.
An adult hosehold member must son the development of the model of the son the	application. If Part 3 is completed, the specific of the social security has after social security has after a social security has	miber or some some series of the school when the information, my character of the school of the scho	Social Secu vill get Fede nildren maj	rity Numbe eral funds by lose me Signature	ased on ti al benefit of Adult	he inform is and I Househ	securii mation I şi I may be hold Me	ty numbe give. I und e prosect ember	erstand s ited.
in adult household member must sign in signification must also list the iself but pringing the form must also list the iself but mark the if do not have a social security in a centify (promise) all information on the information difficials may verify (check) the information Date Date i. Contact Information (Optional) Work Telephone Number (Include Area Ct.	e application. If Part 3 is completed, it digits of his or her social security number box in the and still come is reported. I understand if I purposely give falls Printed Name of Adult Househ Printed Name of Multi Househ Home Telephone Number (Incl. intities (Optional)	mber or s nderstandthe schoolw e information, my ch oold Member lude Area Code)	Social Secu vill get Fede nildren maj	rity Numbe eral funds by lose me Signature	ased on ti al benefit of Adult	he inform is and I Househ	securii mation I şi I may be hold Me	ty numbe give. I und e prosect ember	erstand s
An adult household member must sich mit gring the form must also list the iset in the gring the form must also list the iset in the mark file if do not have a social security in centify (comise) all information on list fillicials may verify (check) the information Date Date 5. Contact Information (Optional) Work Telephone Number (Include Area Co. 5. Children's Racial and Ethnic Ide Mark tone ethnic identity:	e application. If Part 3 is completed, the discount of the sound of the sound is security faul imber box in the and all income is reported. I understand if I purposely give falls Printed Name of Adult Househ Description of the sound of t	miber or sometimes of the school we information, my choold Member sold Member sold Member sold of the school with the school of	Social Securiting Social Securiting Social Securiting Securiting Securiting Securiting Securiting Securiting Securiting Securities Securiting Securiting Securiting Securiting Securiting Securities Securiting Securities S	nty Number eral funds by lose me Signature Address	ased on the second of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	ty numbe give. I und e prosect ember	erstand suted.
an adult household membar must sich mit ginglich ferbirm must also list the island hug ginglich ferbirm must also list the island hug mit fire if do not have a social security in ceretif (promise) all information on the information filicials may verify (check) the information Date Date Date Contact Information (Optional) Vork Telephone Number (Include Area Co. Co. Children's Racial and Ethnic Ide tark one ethnic identity.	e application. If Part 3 is completed, the discount of the section of the 3 often 3 often 3 often 5 of	mber or some standthe school when the information, my change the information, my change the information of t	Social Securiting Social Securiting Social Securiting Securiting Securiting Securiting Securiting Securiting Securiting Securities Securiting Securiting Securiting Securiting Securiting Securities Securiting Securities S	nty Number eral funds by lose me Signature Address	ased on the second of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	give. Funde give. Funde e prosecti ember	erstand: uted.
un adult household member must sich mit gringt het form must also list his den pringt het form must also list his sich hu prinst het form must also list his sich prinst het form his his sich sich sich sich der fill dals may verify (check) the information Date Date October Information (Optional) Work Telephone Number (Include Area Co. Co. Children's Racial and Ethnic Ide dark one ethnic identity: Hispanic/Latino	e application. If Part 3 is completed, the discount of the sound of the sound is security faul imber box in the and all income is reported. I understand if I purposely give falls Printed Name of Adult Househ Description of the sound of t	miber or some conditions or some	Social Security get Federal Marie Ma	inty Number eral funds by lose me Signature Address	of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	give. Funde give. Funde e prosecti ember	erstand suted.
An adult household member must sion the soft hum gray the form must also is the soft hum gray the form must also is the soft hum and so is the soft hum and the first soft hum and the soft human soft soft social security in coefficients may verify (check) the information flicials may verify (check) the information Date 5. Contact Information (Optional) Work Telephone Number (Include Area Co 5. Children's Racial and Ethnic Ide Mark one ethnic identity: HispanicLatino Not HispanicLatino	application. If Part 3 is completed, the special security number box so the social security number box so the social security number box. Printed Name of Adult Househ Printed Name of Adult Househ Dode) Home Telephone Number (Inci- Initial Coptional) Mark one or more racial id- Asian Bia White An	miber or some conditions or some	Social Security get Federal Marie Ma	inty Number eral funds by lose me Signature Address	of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	give. Funde give. Funde e prosecti ember	erstand suted.
An each household member must sign the grip in the leaf but must also in the leaf but must all be leaf but mark the 1 do not have a social security in control alinformation on this application of the leaf but may verify (check) the information Date Date Date Date Total Information (Optional) Work Telephone Number (Include Area Co. Children's Racial and Ethnic Ide Mark one ethnic identity. Hispanic/Latino Not Hispanic/Latino	explication. If Part 3 is completed, the discount of the second security of the second sec	miber or shoot was a construction of shoot with a construction of the construction of	Home can siska Native	rity Numbered funds by lose me Signature Address	ased ontil al benefit of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	number state, Zip er Pacific	erstand s ited.
An adult household member must sign the soft that the formula also is the soft must also be the soft that the formula also is the soft must also is the soft must also is the soft must also it the soft and the soft soft soft soft soft soft soft soft	explication. If Part 3 is completed, the discount of the second security of the second sec	miber or some conditions or some	Home can siska Native	inty Numbered funds by lose me Signature Address	ased ontil al benefit of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	give. Funde give. Funde e prosecti ember	erstand s ited.
An adult household member must sign in the form must also list the least hou gring the form must also list the least hou mark the 1 do not have a social security in a certify (promise all information on the information). Date Date 5. Contact Information (Optional) Work Telephone Number (Include Area Ct. 6. Children's Racial and Ethnic Ide Mark one ethnic Identity: Hispanic/Latino Not Hispanic/Latino	e application. If Part 3 is completed, the displaced is of the scale security will be a box in the and all income is reported. I understand if I purposely give false. Printed Name of Adult Househ Printed Name of Adult Househ And the Telephone Number (Incl. intities (Optional) Mark one or more racial id. Asian Bits Art. Art. — THE FOLLOWING SECTION Weeks Tacca a Moveth Moveth Moveth Moveth Moveth Moveth Moveth Moveth Moveth Incomes, at varying frequencies, are reported.	miber or s	Home Can siska Native HOOL US	rity Numbered funds by lose me Signature Address	ased ontil al benefit of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	number state, Zip er Pacific	erstand s ited.
An each household member must sign the grid property of the party of t	application. If Part 3 is completed, the state of the social security will write box. So the social security will write box. So the social security will write box to the social security will be social security will be social security will be social security. It understand if I purposely give false Printed Name of Adult Househ Printed Name of Adult Househ Printed Name of Adult Househ Adult Househ Mark one or more racial id Asian District Adult Househ THE FOLLOWING SECTION White Adult Househ THE FOLLOWING SECTION District Adult Househ District Distric	miber or s	Home can siska Nativi HOOL US X 12	rity Numbered funds by lose me Signature Address	ased ontil al benefit of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	number state, Zip er Pacific	erstand s ited.
An adult household member must sich mig ging the form must also is the self hun ging the form must also is the self hun mark the 1 do not have a social security in coerdly (pomise) alimbreation on the information Date Date 5. Contact Information (Optional) Work Telephone Number (Include Area Co S. Children's Racial and Ethnic Ide Mark one ethnic identity: HispanicLatino Not HispanicLatino NITIAL DETERMINATION DOLL EAs must annualize income only when multiple Montal forms one Conversion Weekly X 52 E	application. If Part 3 is completed, the state of the social security will write box. So the social security will write box. So the social security will write box to the social security will be social security will be social security will be social security. It understand if I purposely give false Printed Name of Adult Househ Printed Name of Adult Househ Printed Name of Adult Househ Adult Househ Mark one or more racial id Asian District Adult Househ THE FOLLOWING SECTION White Adult Househ THE FOLLOWING SECTION District Adult Househ District Distric	miber or some	Home can siska Native HOOL US R N HOLD: x 12 ason:	ity Number of the first Nu	ased ontil al benefit of Adult (Number	he inform is and I Househ	mation I gi may be hold Me	number state, Zip er Pacific	erstand s ited.
5. Contact Information (Optional) Work Telephone Number (Include Area Co. 6. Children's Racial and Ethnic Ide Mark one ethnic Identity: Hispanic/Latino Not Hispanic/Latino Not Hispanic/Latino Not Hispanic/Latino Not Hispanic/Latino Not Hispanic/	application. If Part 3 is completed, the state of the social security will write box. So the social security will write box. So the social security will write box to the social security will be social security will be social security will be social security. It understand if I purposely give false Printed Name of Adult Househ Printed Name of Adult Househ Printed Name of Adult Househ Adult Househ Mark one or more racial id Asian District Adult Househ THE FOLLOWING SECTION White Adult Househ THE FOLLOWING SECTION District Adult Househ District Distric	miber or some	Home can siska Native HOOL US R N HOLD: x 12 ason:	ity Number of the first Nu	ased ontil al benefit of Adult (Number	he inform is and I Househ	metion I gi may be hold Me	number state, Zip er Pacific	erstand s ited.
An each household member must sign the grid property of the grid policy in the get four must also get the get four must also get the get four mark the 1 do not have a social security in the get four formation of the get get get get get get get get get ge	application. If Part 3 is completed, the special point of the second security will be box. or the social security will be box. or the social security will be box. or the social security will be box. or the second security will be box. I understand if I purposely give false. Printed Name of Adult Househ Printed Name of Adult Househ Didde Home Telephone Number (Incl. or the second security of the second security of the second secon	miber or s	Home can siska Native HOOL US R N HOLD: x 12 ason:	ity Number of the first Nu	assed on the second of adult (Number) (Number) Native Hs	Househ Street	metion I gi may be hold Me	ty numbe give. Fund e prosect ember	erstand s ited.

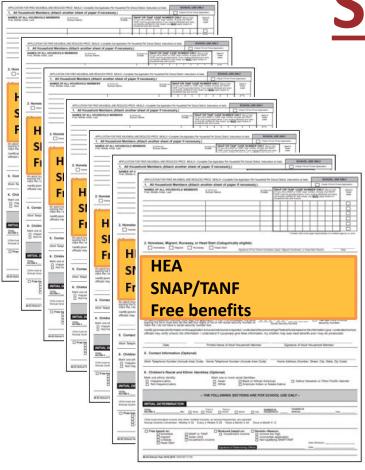


Household Eligibility Applications (HEA)

		pplication Per Household Per S	ichool Dist	trict. In	structions o	n back.		_		SE ONLY
 All Household Members (Attac 	h another sheet of paper if	necessary.)						Che	dk if Error	Prone Applio
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(to Student only) School Name	for Student only) Grade	SNAP 4 if you in TANF mu not direct househol	OR To	ANF CAS IAP or TANF rovided beli fied for free and income.	E NUM case no ow. If you meals, yo	BER C umber. A receive ou MUS	NLY: t least o Medica I apply	Skip to Par one SNAP/ old and wer based on	t Ch Fc C
				Т		Т				1 [
			\Box	\dashv		\vdash			\Box	1 0
				\neg						
				\neg						
					A foster chi	ld is the I	legal res	ponsibil	ity of a wei	fare agency i
	Fost	HEA er Chi benef		5						
An adult household member must sign the signing the form must also list the last fou mark the I do not have a social security in certify (promise) all information on this applic	ne application. If Part 3 is complete ir digits of his or her social security number box. cation is true and all income is reported.	d. I understand the school w	iocial Sec WigetFed	curity N	undsbase			secu nation	rity num Igive.Iu	nderstand
An adult household member must sign the signing the form must also list the last fou mark the I do not have a social security in certify (promise) all information on this applic	ne application. If Part 3 is complete ir digits of his or her social security number box. cation is true and all income is reported.	d. Lunderstand the school w false information, my ch	iocial Sec WigetFed	deral f	undsbase	enefits	and I	secu nation may i	rity num I give. I u be prose	ber. nderstand
An adult household member must slan by gigning the form must also list the last fou mark the I do not have a social security in certify (promise) all information on this applic proficials may verify (check) the information Date	e application. If Part 3 is complete or digits of his or her social security number box. ation is true and all income is reported in. I understand If I purposely give	d. Lunderstand the school w false information, my ch	iocial Sec WigetFed	deral f	undsbase e meal b	enefits	and I	secu nation may i	rity num I give. I u be prose	ber. nderstand
An adult household member must son, in spring the form must also list the iself to mark the 1 do not have a social security or certify (comine) althomation on his applic difficials may verify (check) the information Date Date 5. Contact Information (Optional)	e application. If Part 3 is complete in digits of his or her social securit unifier box. asson is true and all income is reported in. I understand if I purposely give Printed Name of Adult Hou	d. Lunderstandthe schoolw false information, my ch usehold Member	idigetFed	deral fi deral fo say los Sign	unds base se meal b sature of a	enefits Adult H	and I	nation may i	rity num I give. I u be prose	ber. nderstand
In adult household member must such this ging the form must also list the significative from must also list the significative from must also list the significant from the second security in certify (promise) all information on this application fillicials may verify (check) the information Date Date 5. Contact Information (Optional) Work Telephone Number (Include Ares C	e application. If Part 3 is complete registed for the social security registed for the social secur	d. Lunderstandthe schoolw false information, my ch usehold Member	idigetFed	deral fi deral fo say los Sign	unds base se meal b sature of a	enefits Adult H	and I	nation may i	rity num I give. I u be prose	ber. nderstand cuted.
An adult household member must suis it bugging the form must also list the signification must also list the signification must also list the significant formation on the significant must be policy formation of the information of the informat	e application. If Part 3 is compete ir digits of his or her social securit, umber box ir digits of his or her social securit, umber box in. I understand if I purposely give Printed Name of Adult Hot Code) Home Telephone Number entities (Optional) Mark one or more raci Asian	d. lunderstandthe schoolw false information, my ch usehold Member (include Area Code)	ill get Fec ill get Fec ill dren mil	surity N deral fi aay los Sign ne Ad	undsbase the meal b nature of a nature of a	enefits Adult H	sand I	nation may i	Igive. I u be prose fember State, 2	ber. nderstand cuted.
An adult household member must suis the joining the form must also list the joining the form of the properties of the p	e application. If Part 3 is complete in digits of his or her social security in digits of his or her social security immiter box in a security in the properties. It understand if I purposely give Printed Name of Adult House of the Printed Name of Adult House of the Printed Name of Department of the Printed Name of Department of the Printed Name of Adult House of A	d. Lunderstandthe schoolw false information, my ch usehold Member ((include Area Code)) al identities: Black or African American American Indian or Ala	Homesan Ska National	Sign	undsbase he meal b hature of a hature services (Nu	enefits Adult H	sand I	nation may i	Igive. I u be prose fember State, 2	ber. nderstand cuted.
An adult household member must sue in to joing the form must also list the joing the joing the joing the joing the joing the	le application. If Part 3 is complete in digits of his or her social securit, in digits of his or her social securit, immer but on the social securit, immer but of the security of the securi	d. Lunderstandthe schoolw false information, my ch usehold Member ((include Area Code)) al identities: Black or African American American Indian or Ala	Homesan Ska National	Sign	ands base in meal	Adult H	sand I	nation may i	Igive. I u be prose fember State, 2	ber. nderstand cuted.
An adult household member must sign it household member must slos it the less to mark the 1d on of have a social security names almost site in the less to mark the 1d on of have a social security in the section of the less than the section of the less than the section of the less than the less t	Le application. If Part 3 is completed in digits of his or her social security unmber box in digits of his or her social security unmber box. If the satisfies have and all income is reported in. I understand if I purposely give Printed Name of Adult How Printed Name of Adult How Dode) Home Telephone Number entities (Optional) Asian	d. Lunderstandthe school with false information, my children false information false f	Homesan ska Nati	Sign	undsbase he meal b hature of a hature services (Nu	Adult H	sand I	nation may i	Igive. I u be prose fember State, 2	ber. nderstand cuted.
An adult household member must sign it to gring the form must also list the sign to mark the 1 do not have a social security must be a social security proficials may verify (check) the information Date 5. Contact Information (Optional) Work Telephone Number (include Area C 6. Children's Racial and Ethnic Idi dark one ethnic identity: — Hispanic Listino — Not Hispanic Listino Per West EAs must annualize income only when multiple EAs must annualize income only when multiple Listing Listing Listing Listing Listing Not Listing No	le application. If Part 3 is compete ir digits of his orte social securit ir digits of his orte social securit ir misero his ir ne digits of his orte ir ne digits o	I funderstandthe school with false information, my challengthe information	Hom Hom R N R N R N R N R N R N R N R	Sign	ature of a lature	Adult H	sand I	nation may i	Igive. I u be prose fember State, 2	ber. Inderstand cuted. Lip Code)
5. Contact Information (Optional) Work Telephone Number (Include Area C 6. Children's Racial and Ethnic Ide Mark one ethnic Identify: Hispaniciation Not Hispanic/Latino Not Hispanic/Latino Not Hispanic/Latino Not Hispanic/Latino WOME s Per: Weet LEAs must annualize income only when multiple Munual Income Conversion Weekly X 52 1	le application. If Part 3 is compete ir digits of his orte social securit ir digits of his orte social securit ir misero his ir ne digits of his orte ir ne digits o	d. Lunderstandthe school was a false information, my challes information infor	Hom Hom Hom K 12 K 12 K 12 K 12	Sign Sign	unds base ie meal b afure of , afuress (Nu	Adult H imber,	sand I	secu mation may i mold M	Igive. Iu Igive. Iu State, 2	ber. Inderstand cuted. Lip Code)



Household Eligibility Applications (HEA) Safari District 101



7 Applications SNAP or TANF



Data Collection Form Step 1

Step 1: Application Count

Question 1:

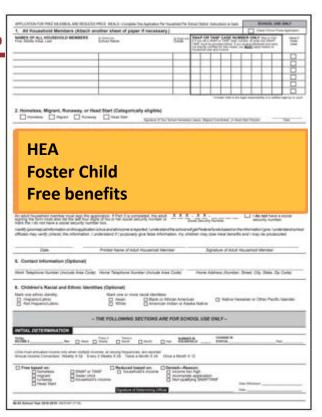
How many applications were approved based on one of the following in Sections 1 or 2 of HE	A:
Applications that household(s) provided a SNAP or TANF case number	application(s
Application(s) for approved for foster child	application(s
Total applications	application(s
Enter application to	ital on Step 1. Question 1



Household Eligibility Applications (HEA)

Safari District 101

1 Application Foster Child





Data Collection Form Step 1

Step 1: Application Count

Question 1:

How many applications were approved based on one of the following in Sections 1 or 2 of HEA:

Applications that household(s) provided a SNAP or TANF case number

Application(s) for approved for foster child

application(s)

_____ application(s)

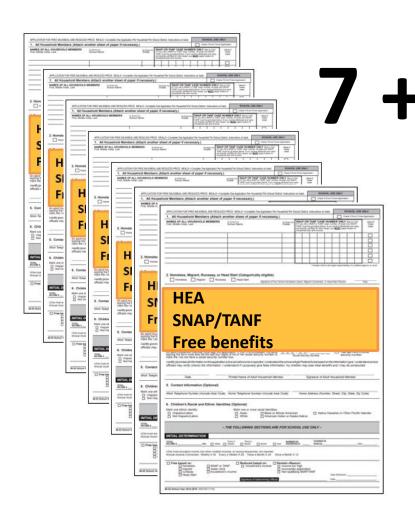
Total applications

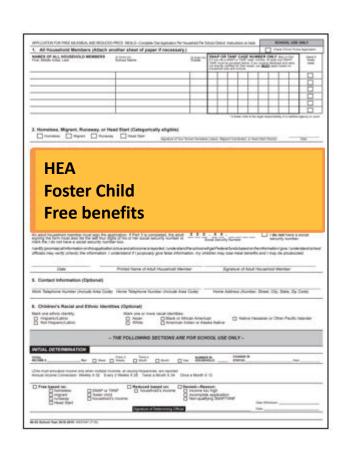


Enter application total on Step 1, Question 1



Household Eligibility Applications (HEA)







Data Collection Form Step 1

Step 1: Application Count

Question 1:

How many applications were approved based on one of the following in Sections 1 or 2 of HEA:

Applications that household(s) provided a SNAP or TANF case number

Application(s) for approved for foster child

Total applications

7 application(s)

application(s)

application(s)

Enter application total on Step 1, Question 1



Data Collection Form Step 1

on the application?

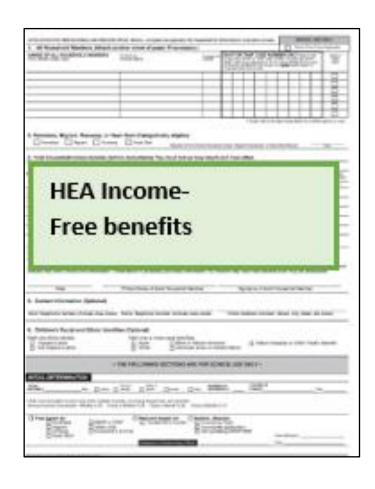
Step 1: Application Count Question 1: How many applications were approved based on one of the following in Sections 1 or 2 of HEA: Applications that household(s) provided a SNAP or TANF case number application(s) Application(s) for approved for foster child application(s) **Total applications** application(s) Enter application total on Step 1, Question 1 **1** Applications Approved for Free or Reduced Price Benefits How many applications did the district have on file that were approved for FREE meal benefits based on providing a valid SNAP or TANF ID number; OR due to the foster child box being checked

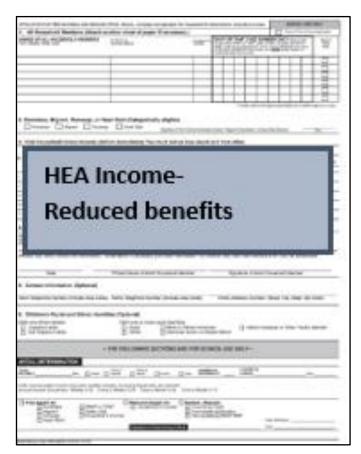


8

Application(s)

Household Eligibility Applications (HEA)







Error Prone Guidelines

Approved income applications that are:

- Above or below FREE income guidelines; OR
- Below REDUCED-PRICE income guidelines by the following amounts:
 - \$23.07/Week
 - \$46.15/Every two weeks
 - \$50/Twice per month
 - \$100/Month
 - \$1200/Annually

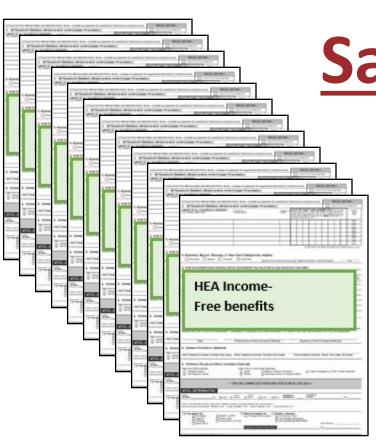
Error Prone Guidelines



Error-Prone Guidelines

APPLICATION FOR FREE MILK/MEAL AND RED	DUCED-PRICE MEALS—Complete One Application	Per Household Per Schoo	ol District. Instruction	ns on back.	SCHOOL US	EONLY															
1. All Household Members (Attac	ch another sheet of paper if neces	ary.)			Check if Error Pro	ne Application															
NAMES OF ALL HOUSEHOLD MEMBER: First, Middle Initial, Last	tS (tr (lader(orb)) School Name	TA	NAP OR TANE C you list a SNAP or T NF must be provided in directly certified for usehold size and inco		ONLY Skip to Part At least one SNAP/ se Medicaid and were ST apply based on	Check If Foster Child*															
			* A foste	er child is the legal re	sponsibility of a welfar	agency or court.															
2. Homeless, Migrant, Runaway, o	or Head Start (Categorically eligible unaway Head Start	Your School Homeless Lie	son Minrart Consti	native or Head Start	Director	Date															
3. Total Household Gross Income	(before deductions) You must tell	us how much and	i how often.																		
NAMES	GROSS INCOME AND HOW OFTEN IT WAS RECE	VED (Example: \$100/month	; \$100 /twice a mont	th; \$100/every other	week; \$100/week)																
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		Velfare, Child pport, Alimony How often?	D. Pensions, Social	Retirement, Security	E. Worker's Con ment, SSI, etc. (A Amount	p., Unemploy- Il other income)															
i.	\$ \$	1104 (1101)	\$	Tipe Grant	\$	TEM UNE															
II.	s s		s		s																
iv.	S S		S		\$																
4.00			1		,																
 Signature and Social Security N An adult household member must sign the signing the form must also list the last for 	the application. If Part 3 is completed, the	idult XXX X -	X X _		I do not have a security number																
	number box. lication is true and all income is reported. I unde ion. I understand if I purposely give false in	stand the school will ge	t Federal funds b	based on the infor												1					
Date	Printed Name of Adult Household	Member	Signature	of Adult House	hold Member																
5. Contact Information (Optional)		APPLICA	ATION FO	OR FREE	E MILK/MI	EAL AND	REDUCE	D-PRICE MEALS	S—Complete One A	Application Per Hou	sehold Per S	School D	istrict. I	Instruction	ons on	back.		SC	HOOL U	SE ON	ILY
	Code) Home Telephone Number (Include		l Hous	sehold	Memb	ers (A	ttach a	nother shee	et of paper if	necessary.)							Г	Che	k if Error F	Prone Ap	pplication
Children's Racial and Ethnic Id Mark one ethnic identity:	dentities (Optional) Mark one or more racial ident Asian Black	NAMES	OF AL	L HOU	SEHOL			(for Student only)			(for Student only)	SNA	P OR	TANF	CASE	NUN	FR (NI Y s	kin to Part		Check if
Hispanic/Latino Not Hispanic/Latino	White Amer	First, Mi	ddle Init	ial, Last				School Name	е		Grade	TANF	must be	SNAP or e provide	d belov	v. If you	receive	Medicai	d and were	9	Child*
	- THE FOLLOWING SECTIONS	A.F										not dir house	ectly ce hold siz	ertified for ze and in	r free m come.	neals, yo	u <u>MUS</u>	I apply b	pased on		
INITIAL DETERMINATION	Every 2 Twice a Month Month											\vdash								\top	\Box
	ple incomes, at varying frequencies, are reporte	<u> </u>									-	-				-			-	-	
Annual Income Conversion Weekly X 52	Every 2 Weeks X 26 Twice a Month X 24	Once a Month X 12																			
☐ migrant ☐ foster	P or TANF Reduced based on: household's income ehold's income	☐ Denied—Reason ☐ income too hi ☐ incomplete ap ☐ Non-qualifying	gh oplication	Date Wi	thdrawn:																
	Signature of Determining O	ficial		Date:																	

Household Eligibility Applications (HEA)



Safari District 101

26-HEA Income Free Benefits



Household Eligibility Applications (HEA)

Question 2:

Applications approved for FREE meal benefits based on income data (Section 3)

26 application(s)

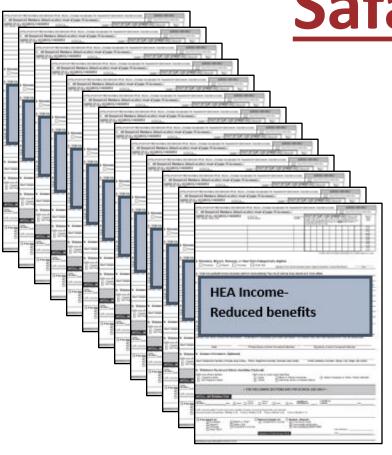
Enter application total on Step 1, Question 2

26 Application(s)

How many applications did the district have on file that were approved for FREE meal benefits based on meeting household size and income guidelines?



Household Eligibility Applications (HEA) Safari District 101



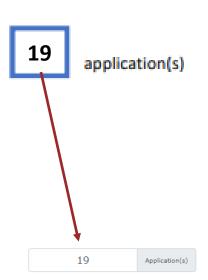
19 HEA Income Reduced Benefits



Question 3:

Applications approved for REDUCED meal benefits based on income data (Section 3)

How many applications did the district have on file that were approved for REDUCED PRICE meal benefits based on meeting household size and income guidelines?





Step 1: Application Count

Question 1:

How many applications were approved based on one of the following in Sections 1 or 2 of HEA:

Applications that household(s) provided a SNAP or TANF case number

Application(s) for approved for foster child

application(s)
application(s)

Total applications

8

application(s)

Enter application total on Step 1, Question 1

Question 2:

Applications approved for FREE meal benefits based on income data (Section 3)

26 app

application(s)

Enter application total on Step 1, Question 2

Question 3:

Applications approved for REDUCED meal benefits based on income data (Section 3)

19

application(s)

Question 4: Will auto calculate total number of applications listed on Questions 1-3



1 Applications Approved for Free or Reduced Price Benefits

- 1 How many applications did the district have on file that were approved for FREE meal benefits based on providing a valid SNAP or TANF ID number; OR due to the foster child box being checked on the application?
- 2 How many applications did the district have on file that were approved for FREE meal benefits based on meeting household size and income guidelines?
- 3 How many applications did the district have on file that were approved for REDUCED PRICE meal benefits based on meeting household size and income guidelines?
- 4 TOTAL of all above applications





Step 1: Application Count

Question 1:

How many applications were approved based on one of the following in Sections 1 or 2 of HEA:

Applications that household(s) provided a SNAP or TANF case number

Application(s) for approved for foster child

7 application(s)
1 application(s)

Total applications

8 application(s)

Enter application total on Step 1, Question 1

Multiply total number of applications (53) by 3%

Round up to whole number

Question 2:

Applications approved for FREE meal benefits based on income data (Section 3)

26 application(s)

Enter application total on Step 1, Question 2

Question 3:

Applications approved for REDUCED meal benefits based on income data (Section 3)

19 application(s)

Question 4: Will auto calculate total number of applications listed on Questions 1-3

53

 $53 \times .03 = 1.59$



STATE BOARD OF

1 Verification Sample Size (3% of Total Applications from Line 4)

6 Number of Applications to be verified

Safari District 101-Verification Report

1 Applications Approved for Free or Reduced Price Benefits

- How many applications did the district have on file that were approved for FREE meal benefits based on providing a valid SNAP or TANF ID number; OR due to the foster child box being checked on the application?
- 2 How many applications did the district have on file that were approved for FREE meal benefits based on meeting household size and income guidelines?
- How many applications did the district have on file that were approved for REDUCED PRICE meal benefits based on meeting household size and income guidelines?
- 4 TOTAL of all above applications
- 5 How many of the above applications are error prone income applications?
- 1 Verification Sample Size (3% of Total Applications from Line 4)
 - 6 Number of Applications to be verified

8	Application(s)
26	Application(s)
19	Application(s)
53	Application(s)
0	Application(s)



Application(s)



Verification Sample Collection

Error Prone Applications

- ➤ When sample is less than the number of error prone applications, randomly select from error prone applications
- ➤ If a sample size is greater than the number of error prone applications, use all error prone applications and randomly select remaining from remaining applications in pool.

No Error Prone Applications

If there are no error prone applications, select the sample at random from the application pool.



Verification Process

Step 2 **Conduct Confirmation Review**



Confirmation Review

	NUTRITION DEPARTMENT	
irect Verification Tracking (For use prior to con	firmation and only for applications selected for ve	rification.)
Direct Verification (DV) completed Verification of this application is complete	(Date). (The DV report MUST be prin and should be reported on the Verification Summ	
onfirmation Review (Prior to verification and o	nly for applications selected for verification.)	
ate of Confirmation Review		
Initial determination was correct, continue	ed with verification process.	
Initial determination was incorrect, status correct benefit level.	MAY need to be changed from FREE to REDUCED-	PRICE, continued with verification to determine
☐ Initial determination was incorrect, status	needed to be changed from REDUCED-PRICE to F	REE.
Change of benefit level occurred/will	l occur on (Date). (Change m	sst be within 3 days of confirmation review.)
Initial determination was incorrect, status notice of change.	needed to be changed from FREE or REDUCED-PR	ICE to PAID. Households must be given a 10 day
Change of benefit level occurred/will	l occur on(Date).	
Signature of Confirming Official		Date
-		
-	natch. Verification letter (First Request) was sent	(Date).
DV not attempted, OR DV did not yield a n	natch. Verification letter (First Request) was sent (Recommend 10 calendar days from th	
DV not attempted, OR DV did not yield a n Response expected		e date the letter was sent.)
DV not attempted, OR DV did not yield a n Response expected Household did not respond to first request	(Recommend 10 calendar days from the	e date the letter was sent.) (Date).
DV not attempted, OR DV did not yield a n Response expected Household did not respond to first reques Response expected	(Recommend 10 calendar days from the second notice completed	e date the letter was sent.) (Date). date the letter was sent.)
DV not attempted, OR DV did not yield a n Response expected Household did not respond to first reques Response expected	(Recommend 10 calendar days from the completed (Recommend 3 business days from the	e date the letter was sent.) (Date). date the letter was sent.)
DV not attempted, OR DV did not yield a n Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number	(Recommend 10 calendar days from the content of the completed (Recommend 3 business days from the R household did not respond at all by deadline of	e date the letter was sent.) (Date). date the letter was sent.) eccond notice.
DV not attempted, OR DV did not yield a n Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household	(Recommend 10 calendar days from the control of the completed (Recommend 3 business days from the R household did not respond at all by deadline of Verification resulted in:	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change:
DV not attempted, OR DV did not yield an Response expected Household did not respond to first reques Response expected Household did not respond completely, OI Initial determination was: FREE based on SNAP/TANF case number FREE based on income and Household Size	(Recommend 10 calendar days from the content of the commend 3 business days from the commend 3 business days from the commend 3 business days from the commend of the comme	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: income: \$
DV not attempted, OR DV did not yield a n Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household	(Recommend 10 calendar days from the content of the commend 3 business days from the commend 3 business days from the commend 3 business days from the commendation of	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: Income: \$ Household Size:
DV not attempted, OR DV did not yield an Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and	(Recommend 10 calendar days from the completed (Recommend 3 business days from the Recommend 3 business days from the Recommend 3 business days from the Recommend 3 business days from the Recommendation of the Recommenda	e date the letter was sent.) (Date). date the letter was sent.) dete the letter was sent.) eccond notice. Reason for change:
DV not attempted, OR DV did not yield an Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and Household Size	(Recommend 10 calendar days from the commend 10 calendar days from the commend 3 business days from the commend 3 business days from the commend 3 business days from the commendation of	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: norme: 5 Household Size: Directly verified incomplete or no response
DV not attempted, OR DV did not yield an Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and Household Size	(Recommend 10 calendar days from the commend 10 calendar days from the commend 3 business days from the commend 3 business days from the commend 3 business days from the commendation of	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: norme: 5 Household Size: Directly verified incomplete or no response
DV not attempted, OR DV did not yield an Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and Household Size	(Recommend 10 calendar days from the commend 10 calendar days from the commend 3 business days from the commend 3 business days from the commend 3 business days from the commendation of	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: norme: 5 Household Size: Directly verified incomplete or no response
DV not attempted, OR DV did not yield an Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number REEE based on Income and Household Size REDUCED-PRICE based on Income and Household Size	(Recommend 10 calendar days from the commend 10 calendar days from the commend 3 business days from the commend 3 business days from the commend 3 business days from the commendar days from the comm	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: norme: 5 Household Size: Directly verified incomplete or no response
DV not attempted, OR DV did not yield an Response expected Household did not respond to first requese. Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on income and Household Size Type of notice sent Mail Personal Contact Mail Personal Contact Mail Personal Contact Effective date of status change (If applicable):	(Recommend 10 calendar days from the commend 10 calendar days from the commend 3 business days from the commend 3 business days from the commend 3 business days from the commendar days from the comm	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: Income: 5 Household Size: Directly verified Incomplete or no response Other:
Response expected Household did not respond to first reques Response expected Household did not respond completely, Ol Initial determination was: FREE based on SNAP/TANF case number REED based on Income and Household Size REDUCED-PRICE based on Income and Household Size Date verification result was sent or notice of stat Type of notice sent Mail	(Recommend 10 calendar days from the content of the commend 10 calendar days from the commend 3 business days from the commend 3 business days from the commend of the comm	e date the letter was sent.) (Date). date the letter was sent.) second notice. Reason for change: Income: 5 Household Size: Directly verified Incomplete or no response Other:

Confirmation Review Form



Direct Verification

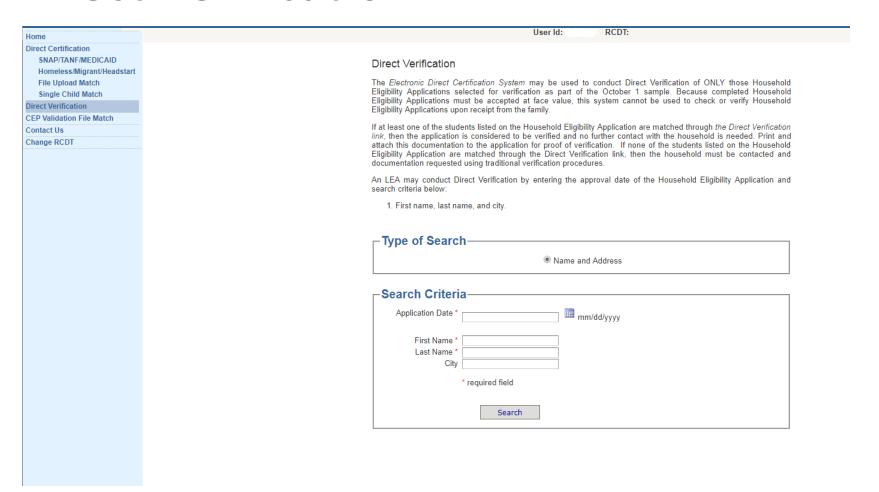
All applications selected for verification should be attempted to be verified using the Direct Verification link on the Direct Certification system, available after October 1st and to be used only for verification purposes.

- Login to IWAS, access WINS
- Select Direct Certification option
- Once in Direct Certification system,
 click on Direct Verification link





Direct Verification





Direct Verification Tracking

Allinois									
State Board of Education 100 North First Street, W-270 Springfield, Illinois 62777-0001	CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM								
NUTRITION DEPARTMENT									
Direct Verification Tracking (For use prior to confirmation and only for applica	Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)								
Direct Verification (DV) completed (Date). (The DV verification of this application is complete and should be reported on the									
Contraction Review (Prior to verification and only for applications selected for	or verification.)								
Da of Confirmation Review									
Initial determination was correct, continued with verification process.									
Initial determination was correct, continued with verification process.									
Initial determination was correct, continued with verification process. Initial determination was incorrect, status MAY need to be changed from correct benefit level.	m FREE to REDUCED-PRICE, continued with verification to determine								

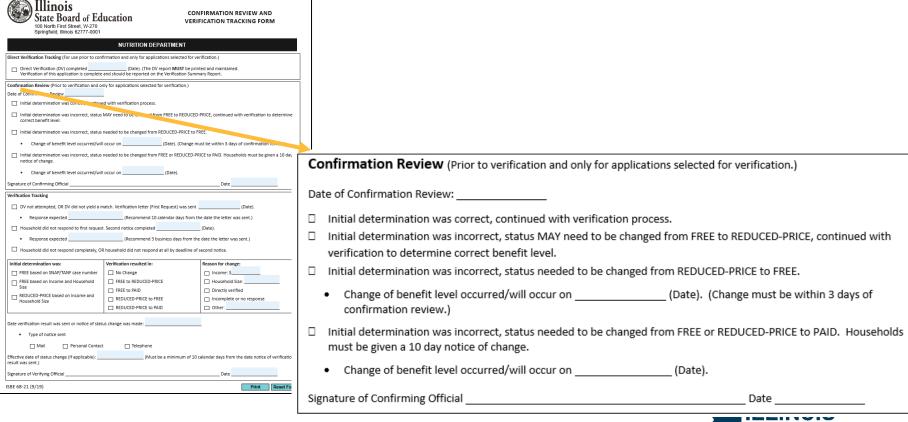
Direct Verification Tracking	(For use prior to	confirmation and	d only for applicat	ions selected f	or verification.
------------------------------	-------------------	------------------	---------------------	-----------------	------------------

Direct Verification (DV) completed _____(Date). The DV report MUST be printed and maintained.
Verification of this application is complete and should be reported on the Verification Summary Report.

- response expected	(neconinena zo carenoar auys nom u	the date the fetter was serie,						
☐ Household did not respond to first request	t. Second notice completed	(Date).						
Response expected								
Household did not respond completely, Of	R household did not respond at all by deadline of	second notice.						
Initial determination was:	Verification resulted in:	Reason for change:						
☐ FREE based on SNAP/TANF case number ☐ No Change ☐ Income: \$								
FREE based on Income and Household	☐ FREE to REDUCED-PRICE	☐ Household Size:						
Size	☐ FREE to PAID	☐ Directly verified						
REDUCED-PRICE based on Income and Household Size	☐ REDUCED-PRICE to FREE	☐ Incomplete or no response						
	☐ REDUCED-PRICE to PAID	☐ Other:						
Date verification result was sent or notice of stat Type of notice sent	us change was made:							
☐ Mail ☐ Personal Contact	☐ Telephone							
Effective date of status change (if applicable): (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)								
Signature of Verifying Official		Date						
SBE 68-21 (9/19)		Print Reset Form						



Confirmation Review Tracking



Verification Process

Step 3 **Complete Verification**



Verification Process

- Applications that are not found in direct verification file must now be followed up with the family.
- ISBE and USDA have sample letters to households

Letter: We Must Verify Your Application



Notify Household of Verification

se your "M	ouse" or "Tab" key to move the	ough the fields and check boxes. Afte	r completi	ig last field, save di	ocument to hard drive	to make future updates or click print button
		We Must	Verify You	r Application		
Date:						
Dear						
	necking your Household Eligibilit ation to prove the child(ren) is/ar		we do this	to make sure only e	ligible children get free	e or reduced-price meals. You must send
CHILD NA	AME (First and Last)	CHILD NAME (First and Last)	C	HILD NAME (First a	nd Last)	CHILD NAME (First and Last)
		Use re	verse side i	necessary		
If possible	e, send copies, not original pape	rs. If you do send originals, they will be	sent back t	you only if you ask	L.	
	t send the information we need) will stop getting free or reduce		Name)		by(D:	ate) or your

1.	,	TANF when you applied for free or re Notice that shows dates of certification		e meals, or at any	time since then, sen	d us a copy of one of these:
	Letter from SNAP or Welfar	e Office that says you have received St	NAP or TAN	F.		
	· Copy of the Illinois Departm	ent of Human Services medical card w	ith appropri	ate SNAP or TANF	case identification num	nber.
2.	If you do not get SNAP or TA					
	Write name of each adult h	ousehold member below.				
	NAME (First and Last)			NAME (First and	i Last)	
		U	Jse reverse	side if necessary		
	 B. Send this page along with p 	papers that show the amount of money	your house	hold receives from e	each source of income	
3.	If you choose not to comply	with our request for verification of m	naterials, y	ou can inform the s	school by:	
	Signing and dating below, a	and returning form to school.				
	,					
	(Adult Ho	usehold Member Signature)			(Date)	
	2) Or by calling		at			
	University that the control of the	(Name) comply OR fail to comply with verificat			(Telephone)	
Th				will be changed to p formation to:	aid status.	
	rs you send must show the na the income, the date it was re-	ceived, how much was received.	Sena in	ormation to:		
and how	often it was received.					
Acceptat	ole papers include:					
Jobs: Pa	ycheck stub or pay envelope that	at shows the amount and how often pay	y is receive	d; letter from employ	yer stating gross wage	es and how often they are paid; or business
	papers, such as ledger or tax b					
		nt: Social security retirement benefit let Compensation: Notice of eligibility from				
	Payments: Benefit letter from we		iii otate em	or of the second of	mee, encor ado, or let	TOTAL S COMPLETABLES.
		, agreement, or copies of checks receive	ved.			
		Information that shows the amount of in				
		Letter or rental contract showing your				
Timefram submit pa	e of Acceptable Income Docur pers from time of application up	nentation: Please submit papers that s to time of verification.	show your in	come at the time yo	u applied for benefits.	If you do not have this information, you may
If you hav	e questions or need help, please	call		at		The call is free.
Sincerely.		(Name)			(Telephone Numb	ber)
information you have the and employ or retaliation information hearing or than English	n or provide incomplete informatis been treated unfairly. In accordar sysees, and institutions participatin on for prior civil rights activity in a n (e.g. Braille, large print, audiotag have speech disabilities may con sh. To file a program complaint or	on, your children may no longer receive coe with Federal civil rights law and U.S. It g in or administering USDA programs an ny program or activity conducted or fund we, American Sign Language, etc.), shoult tact USDA through the Federal Relay Se If discrimination, complete the USDA Prog	free or redu Department re prohibited led by USD d contact the ervice at (80 gram Discrir	ced price meals. No of Agriculture (USDA I from discriminating A. Persons with disal a Agency (State or lo b) 877-8339. Addition Addition Complaint From	on-Discrimination State c) civil rights regulations based on race, color, a bilities who require after cal) where they applied hally, program information, (AD-3027) found of	educed price meals. If you do not provide the ment: This explains what to do if you believe and policies, be USDA, its Agencies, offices, national origin, sex, disability, age, or reprisal matter means of communication for program for benefits, Individuals who are deaf, hard of or may be made evaluable in languages other polities at: http://www.ascr.usda.gov/complaint. In o request a copy of the complaint form, call
(866) 632-	9992. Submit your completed for		partment of	Agriculture, Office of	the Assistant Secretary	for Civil Rights, 1400 Independence Avenue,
	10 M/ADD (10/17)					

Letter: We Must Verified Your Application

<<Household ID# >

Insert a personalized school district photo to add a friendly face to your letter!

Confirm Your Eligibility for Free/Reduced Price Meals

Dear <<Susan>>.

Your application was approved a little while ago, and <<Bob, Jill, and Sara>> should already be receiving free or reduced price meals.

However, there is one last step you need to take – please send us documents to confirm your eligibility. Each year we select different meal applications to confirm eligibility. This year, your household was selected.



You must send us the information by <<date>>,
or <<Bob, Jill, and Sara>> will stop receiving free or
reduced price meals.

You can send a Certification Notice for <<SNAP>>, <<TANF>>, or FDPIR benefits, or documents that show your household income, for example, paycheck stubs, benefits statements, and/or copies of checks. The back side of this letter has more information about what to send and how you can send it.

For questions or help, please contact <<Name>> at the toll free number <<(xxx)-xxx-xxxx>> or by email at <<email>>.

Sincerely,

<<Signature>>

<<Name>>

<< Principal/Superintendent?>>

<<School District Name>>

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retalitation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Straile, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 2025-9411 (2) fax; (202) 590-7442; or (3) email: program_intake@usda.gov

This institution is an equal opportunity provider

.

Household ID #__

How to Show Eligibility for Free or Reduced Price Meals

Please provide the following information. All documents can be dated from <<th>emonth before application>>, or any month since. Include a copy of this letter when you send your documents.

Were you or someone in your household receiving benefits from <<State SNAP>>, <<State TANF>> or FDPIR at the time of application, or any time since?

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDPIR office that shows dates of certification. Do not send your EBT card.

If you send us one of the above documents, you are DONE. You do NOT need to send anything else.

IF NO, please read the following options and follow the instructions if they apply to you:

- Your child is homeless, migrant or runaway: Contact <<school, homeless liaison, or migrant coordinator at (xxx)-xxx-xxxx or e-mail>> for help.
- Your child is a foster child: Send documentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child's foster status.
- Your child is not covered by 1 or 2: Return this letter along with documentation of your household's sources of income for either the month before application, or any month since. Document(s) must show:
 - . Name of person who received the income
 - Date received
 - · Amount received
 - · How often it was received

Acceptable Documents for Showing Household Income

- Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from
 employer stating gross wages and how often you are paid, or, if you work for yourself, business or farming
 papers, such as ledger or tax books.
- Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- Unemployment, Disability, or Worker's Compensation: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation office.
- Welfare Payments: Benefit letter from the <<State TANF>> office.
- Child Support or Alimony: Court decree, agreement, or copies of checks received.
- All Other Income (Such as Rental Income): Information that shows the amount of the income, name of
 the person who received the income, the date it was received, and how often it was received.
- Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

If you do not have income, please send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

If you work on a seasonal basis, call us and we will help you figure out what to send.

Send this information using any of the following methods:

Take pictures of the requested documents with your phone/camera and email them to <<email>>.

Mail documents to this
<<address>>. If possible, send
copies. Or fax to <<(xxx)xxxxxxx>>.

Come in person to the office located at <<address>> to drop off the documents.

- 1

USDA Verification Tool Kit

Confirm Your Eligibility for Free/Reduced Price Meals

Dear <<Susan>>.

Your application was approved a little while ago, and your <u>child(ren)</u> (listed below) should already be receiving free or reduced price meals.

<< List of students in household >>

However, there is one last step you need to take – please send us documents to confirm your eligibility. Each year we select different meal applications to confirm eligibility. This year, your household was selected.

You must send us the information by <<date>>, or your children will stop receiving free or reduced price meals.

You can send a Certification Notice for <<SNAP>>, <<TANF>>, or FDPIR benefits, or documents that show your household income, for example, paycheck stubs, benefits statements, and/or copies of checks. The back side of this letter has more information about what to send and how you can send it.

For questions or help, please contact <<Name>> at the toll free number <<(xxx)-xxx-xxxx>> or by email at <<email>>.

Sincerely,

<<Signature>>

- <<Name>>
- << Principal/Superintendent>>
- <<School District Name>>

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Straille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (886) 632-9992. Submit your completed form or fetter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 20250-9411 (2) fax: (202) 590-7442; or (3) email: program intake@usda.gov.

This institution is an equal opportunity provider.

How to Show Eligibility for Free or Reduced Price Meals

Please provide the following information. All documents can be dated from <<the month before application>>, or any month since. Include a copy of this letter when you send your documents.

Were you or someone in your household receiving benefits from << State SNAP>>, << State TANF>> or FDPIR at the time of application, or any time since?

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDPIR office that shows dates of certification. Do not send your EBT card.

If you send us one of the above documents, you are DONE. You do NOT need to send anything else.

IF NO, please read the following options and follow the instructions if they apply to you:

- Your child is homeless, migrant or runaway: Contact <<school, homeless liaison, or migrant coordinator at (xxxx)-xxxxx or e-mail>> for help.
- Your child is a foster child: Send documentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child's foster status.
- Your child is not covered by 1 or 2: Return this letter along with documentation of your household's sources of income for either the month before application, or any month since. Acceptable documents below. The document(s) must show:
 - . Name of person who received the income
 - Date received
 - Amount received
 - · How often it was received

Acceptable Documents for Showing Household Income

- Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
- Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- Unemployment, Disability, or Worker's Compensation: Notice of eligibility from State employment security
 office, check stub, or letter from the Worker's Compensation office.
- Welfare Payments: Benefit letter from the <<State TANF>> office.
- Child Support or Alimony: Court decree, agreement, or copies of checks received.
- All Other Income (Such as Rental Income): Information that shows the amount of the income, name of the person
 who received the income, the date it was received, and how often it was received.
- Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

If you do not have income, please send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

If you work on a seasonal basis, call us and we will help you figure out what to send.

Send this information using any of the following methods:

- Take pictures of the requested documents with your phone/camera and email them to <<e-mail>>. Be sure
 to include a photo of this letter, OR the name(s) of the your <u>child(ren)</u> that attend <<school district>> in the
 email message.
- Mail documents along with this letter to <<address>> using the envelope provided. If possible, send copies
 rather than original documents. You may also fax documents to <<<a href="mailto:(xxx)xxx-xxxx>>.
- Come in person to the office located at <<address>> to drop off the documents. Bring this letter with you.

USDA Verification Tool Kit

Documentation Requests

SNAP

IL Dept Human
Services

TANF

Il Dept of Healthcare and Family Services Foster Child

Il Dept of Children and Family Services



Documentation Requests: Income

1

Request income documentation to support the original application or from anytime until the time of the verification request.

2

Review and check documentation. Notify the household of the results of the verification process.

3

If no response, make a second request for documents. If there still no response from the household, begin termination process.



Confirmation Process-Income Application

1. Confirm pay frequency

✓ Different pay frequencies- convert all to annual

2. Confirm rate of pay

✓ Check for gross amount of income

3. Confirm date of pay period

- ✓ Month prior to application or
- ✓ Any time from application to verification request

4. Recalculate income total

✓ Check for documentation for all income listed



Best Practice for Documentation

- Any changes made to the original application should be noted on the application, if possible, in a different color ink.
 - Make note of changes to income, pay frequency, change in household members or otherwise
 - Make note of where or from whom the information was obtained
 - Initial and date changes

Poll Question:

What percentage of your HEA original determinations change based on the verification process?

- Less than 10%
- **10%-30%**
- **31%-50%**
- **□**Over 50%



Verification Process

Step 4 Notify Household of Results



Follow-up With Households



No change to the benefit level- Notify the household



Benefits increase (reduced to free)- Notify the household and change the benefits of all children in the household no later than **three operating days**



Maintain original certification documents- Maintain the application for benefits originally submitted by household(s) for a record of how benefits prior to verification were certified.



Maintain records of verification- maintain copies of all relevant correspondence with households and copies of documents submitted by households

Follow-up With Households



Benefits decrease* (free to paid, reduced to paid, or free to reduced)-Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent.



No response, inadequate documentation or termination of benefits* - Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent.



Households reapplying for meal benefits- households reapplying must provide documentation with application to verify income or assistance eligibility status prior to approval.



*Households that are subject to a decrease or termination of benefits may request a hearing. See the ISBE administrative handbook for procedures.

Poll Question:

How often do have no response to your request for verification documentation?

- never
- **□** seldom
- **□**often
- ☐ Every year



Follow-up Letter to Households

		We Have Verific	d Your Application	
Date:				
Dear:				
		on you sent us to prove:		
CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
s/are elig	ible for free or reduc	ced-price meals and it has be	en determined:	
☐ Your	child(ren)'s eligibility l	has not changed.		
Star	ting	-3 operating days) , your chil	d(ren)'s eligibility for meals will	be changed from reduced-price
to fr		me is within the free meal eligibil	ty limits. Your child(ren) will rece	eive meals at no cost.
Star	ting	, your chil	d(ren)'s eligibility for meals will	be changed from free to
redu		calendar days) rour income is over the limit. Redu	iced-price meals cost fo	or lunch andfor breakfast.
Star	ting	, your ch	ld(ren) is/are no longer eligib	ile for free or reduced-price meals
for t	Date (ten on the following reason(s)	calendar days)		
		no one in your household received S	NAP/TANF. You may reapply base	ed on income eligibility.
		child(ren) is not homeless, runaw		
	Your income is over	r the limit for free or reduced-pric	e meals.	
	You did not provide			
	You did not respond	d to our request.		
				goes down or your household size
		apply again. If you did not provide		be asked to do so if you reapply.
you disa	gree with this decisi	ion, you may discuss it with	Name	at Telephone W/Area Code)
'o u also h	nave the right to a fa	ir hearing. If you request a he	aring by	your child(ren) will continue
			Date	your child(ren) will continue
receive f	ree or reduced-price		Date	your child(ren) will continue You may request a hearing by
receive f			Date	
receive f	ree or reduced-price	e meals until the decision of	he hearing official is made.	You may request a hearing by
receive f	ree or reduced-price		he hearing official is made.	
receive f	ree or reduced-price	e meals until the decision of t	he hearing official is made.	You may request a hearing by
o receive f	ree or reduced-price	e meals until the decision of t	Date the hearing official is made. Telept	You may request a hearing by
o receive f alling or v	ree or reduced-price	e meals until the decision of t	Date the hearing official is made. Telept	You may request a hearing by
o receive f	ree or reduced-price	e meals until the decision of t	Date the hearing official is made. Telept	You may request a hearing by
o receive f alling or v Sincerely,	ree or reduced-price writing to:	e meals until the decision of the meals until the meals until the meals until the decision of	Date he hearing official is made. Telept City, State, Zip Code	You may request a hearing by
o receive for alling or visions.	ree or reduced-price writing to:	e meals until the decision of the meals until the meals until the meals until the decision of the meals until	Date he hearing official is made. Telept City, State, Zip Code	You may request a hearing by
incerely, he Richard ice meals. eals. Non-	ree or reduced-price writing to: B. Russell National So If you do not provide I Discrimination Statem	e meals until the decision of the meals until the decision of the meals until the decision of the meals and the meals and the decision of the meals are the meals and the decision of the meals are the meals and the decision of the meals are	Date he hearing official is made. Telept City, State, Zip Code Attorn requested in order to verify yet information, your children may lielive you have been treaded units	You may request a hearing by white the state of the stat
n receive for alling or visiting or visiting or visiting energy, the Richard rice meals. Non-wy and U.S.	ree or reduced-price writing to: B. Russell National Sc If you do not provide to Discrimination Stateme	e meals until the decision of the meals until the decision of the meals until the decision of the meals and the meals and the meals are the meals and the meals are the meals and the meals are the me	Date he hearing official is made. Telept City, State, Zip Code Total in order to verify y the information, your children may elieve you have been treated unfa do policies, the USA, its Agencia	You may request a hearing by one Wilkea Code our children's eligibility for free or reduc no longer receive free or reduced pri ny. In accordance with Federal civil right , offices, and employees, and institutio
o receive f alling or v sincerely, the Richard rice meals. Non- wand U.S articipating	ree or reduced-price writing to: 18. Russell National Sci If you do not provide! Discrimination Statems Department of Agricult in or administering.	e meals until the decision of the meals until the decision of the meals until the decision of the meals and the meals are decision of the meals are	Date he hearing official is made. Telept City, State, Zip Code attorn requested in order to verify yet information, your children may allieve you have been treated unfand policies, the USDA, its Agence discriminating based on race, or	You may request a hearing by one Wilkea Code our children's eligibility for free or reduce no longer receive free or reduced print, lt, naccordance with Federal for, s, offices, and employees, and institution, r, national origin, sex, disability, age,
alling or value alling all value all value alling all value all value alling all value alling all value all value all value alling all value all value alling all value all valu	IB. Russell National Sci If you do not provide to Department of Agricult in or administration for prior viola	e meals until the decision of the meals until the decision of the meals until the decision of the meals and the meals are the meals and the meals are the me	Date he hearing official is made. Telept City, State, Zip Code Ition requested in order to verify yet information, your children may lister you have been treated unfaid policies, the USDA, its Agencie discriminating based on race, co vityl conducted or funded by USIe, le grep print, audiotape, American.	You may request a hearing by one Wil/rea Code our children's eligibility for free or reduce no longer receive free or reduced pr fity. In accordance with Federal fully, and softense, and employees, and institute no, national origin, sex. disability, alore, DA. Persons with disabilities who requ. Sign Language, etc.), should contact it
b receive f alling or v alling or v he Richard rice meals. seals. Non- wand U.S articipating sprisal or re tieral error gency (State	ree or reduced-price writing to: 1B. Russell National Sc If you do not provide 1 Discrimination Statem Department of Agricult in or administering US leatailation for prior civil in eans of communication.	e meals until the decision of the meals until the decision of the meals until the decision of the meals and the meals and the meals are the meals and the meals are prohibited from girls activity in any program or a for program information (e.g. Brail applied for benefits. Individuals with a meal of the meals are prohibited from girls activity in any program or a for program information (e.g. Brail applied for benefits. Individuals with a meal of the meals are	Date he hearing official is made. Telept City, State, Zip Code City, State, Zip Code attorn requested in order to verify yy the information, your children may elieve you have been treated unfa dhoplicies, the USA, its Agencie discriminating based on race, co why conducted or funded by USA, to agree or funded by USA, to agree or funded or fu	You may request a hearing by our children's eligibility for free or reduc no longer receive free or reduced pri ny. In accordance with Federal civil rigio for, national origin, sex, disability, age, Na. Persons with disabilities who disabilities. Yes Sign Language, etc.), should contact USI sign Language, etc.) should contact USI se speech disabilities may contact USI
o receive f alling or v alling or v sincerely, the Richard rice meals. Non- tice and U.S. articipating epternative in gency (Starrough the offle a proy offle a	ree or reduced-price writing to: 1B. Russell National Sci. If you do not provide to Discrimination Statem Department of Agricult in or administering US leatailation for prior civil in eans of communication to rocally where they Federal Relay Service.	e meals until the decision of the meals until the decision of the meals until the decision of the meals and the meals and the meals are the meals and the meals are prohibited in the meals and the meals are prohibited from gints activity in any program or a for program information (e.g. Brail applied for benefits. Individuals wit (800) 877-8339. Additionally, premination, complete the USDA Promission.	Date he hearing official is made. Telept City, State, Zip Code City, State, Zip Code Information, your children may slieve you have been treated unfa nd policies, the USA, its Agencie discriminating based on race, co wity conducted or funded by USA, le Agree print, audiotape, Americar o are deaf, hard fream pram information may be made a ram Discrimination Complaint For arm Discrimination	You may request a hearing by our children's eligibility for free or reduc no longer receive free or reduced pri ny. In accordance with Federal civil rigio for, national origin, sex, disability, age, N. Persons with disabilities who disabilities and signification and the second control of the second control
o receive fi alling or v salling or v Sincerely, The Richard rice meals. Non- sw and U.S articipating aprisal or re iternative in gency (Sta- turough the to file a prog scrusda.go	IB. Russell National Sc If you do not provide to Decorrimation Statems. Department of Agriculture Department of Agriculture of the Statems of Communication to or administration for prior cvid in or administration of prior cvid in ordinary and cvid in ordinary administration of the cvid in ordinary and cvid in ordinary administration of the cvid in ordinary administration or ordinary a	e meals until the decision of the meals until the decision of the meals until the decision of the meals and the meals are the meals and the meals are the me	Date Date Date Date Date Date Date Date Telept City, State, Zip Code Idon requested in order to verify y tel information, your children may lister you have been treated unfand policies, the USDA, its Agencie discriminating based on race, co vivity conducted or funded by USIe, le race print and conducted or funded by USIe, le race print, and conducted or funded by USIe, le race print, and other paraminformation may be made e arm Discrimination Complaint For file a letter addressed to USDA and the letter addressed	You may request a hearing by one Wil/rea Code our children's eligibility for free or reduce, no longer receive free or reduced pirity, In accordance with Federa'n Living, so, offices, and employees, and institution, rational origin, see, disability, age, A.P. Persons with disabilities who require sign and the sign Language, etc.), should contact it we speech disabilities may contact USI will be in languages other than Englis m, (AD-3027) found online at

Letter: We Have Verified Your Application

Follow-up Letter to Households

			We Have	Verified	Your Application				
Date:									
Dear:									
We ha	ave che	ecked the information	you sent us to prove:						
CHILD N	IAME (Firs	st and Last)	CHILD NAME (First and Last)		CHILD NAME (First and Last		CHILD NAME (Fin	st and Last)	
is/are	eligib	le for free or reduc	ed-price meals and it I	has beer	determined:				
	Your c	hild(ren)'s eligibility h	as not changed.						
	Startir	ng	, у	our child((ren)'s eligibility for m	eals will be c	hanged from	reduced-pri	ice
	to fue		operating days)	Lallallallitu	limita Varus abild/san	\ill receive .	naala at na a		
			ne is within the free meal		•				
	Startir	ng	alendar days)	our child((ren)'s eligibility for m	eals will be c	hanged from	ree to	
	reduc	ed-price because yo	pur income is over the lim	nit. Reduc	ed-price meals cost	for lur	ch and	for breakfas	st.
	Startir	ng	. у	our child	d(ren) is/are no long	er eligibile fo	r free or redu	iced-price me	eals
		Date (ten ca	alendar days)					•	
	for the	following reason(s):							
		Records show that no	o one in your household rea	ceived SN	AP/TANF. You may rea	apply based or	income eligib	ility.	
		Records show the c	hild(ren) is not homeless	, runaway	, migrant, or Head S	tart			
		Your income is over	the limit for free or reduc	ed-price	meals.				
		You did not provide:							
		You did not respond	to our request.						
			for lunch andf						

Follow-up Letter to Households

v				
If you disagree with this decision, you may	discuss it with	Name	atTelephone W/Ar	rea Code)
You also have the right to a fair hearing. If	you request a hearing by	/Date	_, your child(ren) w	,
to receive free or reduced-price meals until	the decision of the hear	ring official is made. Y	ou may request a	hearing by
calling or writing to:				
Name		Telepho	one W/Area Code	
	Address (Street City State	Zin Code		
Sincerely,	Address (Street, City, State,	, zip Code		
calling or writing to:	Address (Street, City, State)	ring official is made. Y		hearing



Verification Tracking

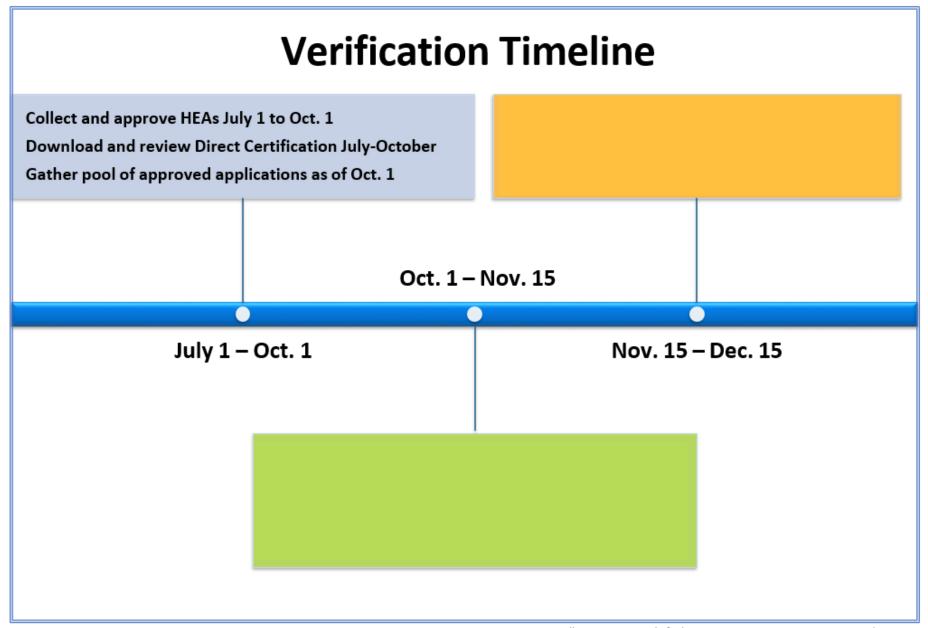
State Board of Ed 100 North First Street, W-270 Springfield, Illinois 62777-0001	ucation	FIRMATION REVIEW AND FICATION TRACKING FORM		
NUTRITION DEPARTMENT				
Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)				
☐ Direct Verification (DV) completed				
Confirmation Review (Prior to verification and only for applications selected for verification.)				
Date of Confirmation Review				
☐ Initial determination was correct, continue	ed with verification process.			
 Initial determination was incorrect, status correct benefit level. 	MAY need to be changed from FREE to REDUCED-	PRICE, continued with verification to determine		
☐ Initial determination was incorrect, status	needed to be changed from REDUCED-PRICE to FI	REE.		
Change of benefit level occurred/will	occur on(Date). (Change mi	ust be within anys of confirmation review.)		
 Initial determination was incorrect, status notice of change. 	needed to be changed from FREE or REDUCED-PR	o PAID. Households must be given a 10 day		
Change of benefit level occurred/will	occur on(e).			
Signature of Confirming Official		Date		
Verification Tracking				
	atch. Verification letter (First Request) was sent	(Date).		
	(Recommend 10 calendar days from th			
_	t. Second notice completed			
Response expected	(Recommend 3 business days from the	date the letter was sent.)		
Household did not respond completely, Oi	R household did not respond at all by deadline of	second notice.		
	Verification resulted in:	Reason for change:		
Initial determination was:	☐ No Change			
FREE based on SNAP/TANF case number	□ No Change	Income: \$		
FREE based on SNAP/TANF case number FREE based on Income and Household	FREE to REDUCED-PRICE	Income: S		
FREE based on SNAP/TANF case number FREE based on Income and Household Size				
FREE based on SNAP/TANF case number FREE based on Income and Household	FREE to REDUCED-PRICE	Household Size:		
FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and	FREE to REDUCED-PRICE	Household Size: Directly verified		
FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and	FREE to REDUCED-PRICE FREE to PAID REDUCED-PRICE to FREE REDUCED-PRICE to PAID	☐ Household Size: ☐ Directly verified ☐ Incomplete or no response		
☐ FREE based on SNAP/TANF case number FREE based on Income and Household Size ☐ REDUCED-PRICE based on Income and Household Size	FREE to REDUCED-PRICE FREE to PAID REDUCED-PRICE to FREE REDUCED-PRICE to PAID	☐ Household Size: ☐ Directly verified ☐ Incomplete or no response		
FREE based on SNAP/TANF case number FREE based on Income and Household Site REDUCED-PRICE based on Income and Household Size Date verification result was sent or notice of state	FREE to REDUCED-PRICE FREE to PAID REDUCED-PRICE to FREE REDUCED-PRICE to PAID us change was made:	☐ Household Size: ☐ Directly verified ☐ Incomplete or no response		
FREE based on SNAP/TANF case number FREE based on Income and Household Size REDIUCED-PRICE based on Income and Household Size ADDITION OF TAXABLE STATE ST	FREE to REDUCED-PRICE FREE to PAID REDUCED-PRICE to FREE REDUCED-PRICE to PAID us change was made:	Household Size: Directly verified Incomplete or no response Other:		

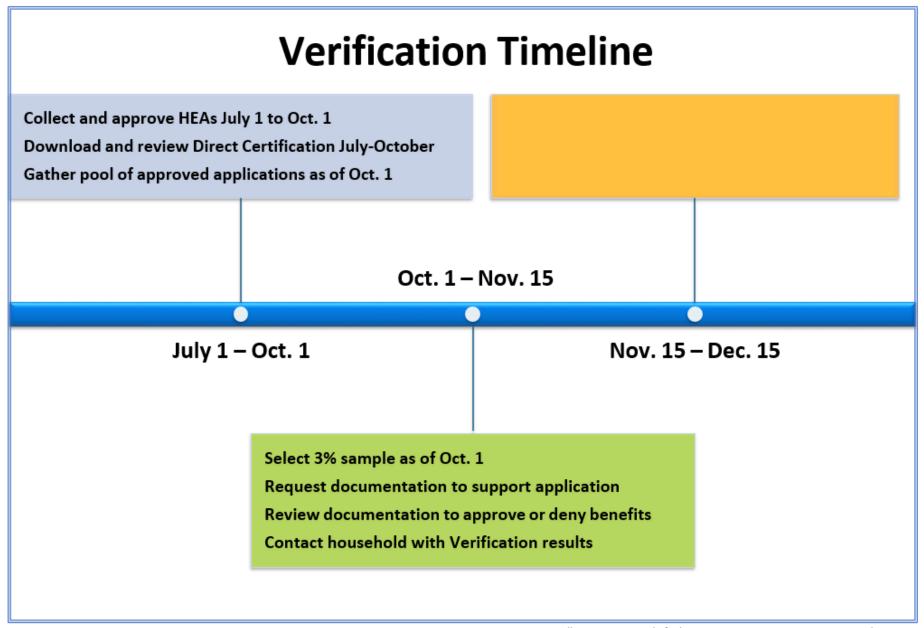
Verification Tracking					
DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent(Date).					
Response expected (Recommend 10 calendar days from the date the letter was sent.)					
Household did not respond to first request. Second notice completed(Date).					
Response expected (Recommend 3 business days from the date the letter was sent.)					
Household did not respond completely, OR household did not respond at all by deadline of second notice.					
Initial determination was:	Verification resulted in:	Reason for change:			
FREE based on SNAP/TANF case number	☐ No Change	Income: \$			
FREE based on Income and Household	FREE to REDUCED-PRICE	☐ Household Size:			
Size	FREE to PAID	☐ Directly verified			
REDUCED-PRICE based on Income and Household Size	REDUCED-PRICE to FREE	☐ Incomplete or no response			
	☐ REDUCED-PRICE to PAID	☐ Other:			
Date verification result was sent or notice of status change was made:					
Type of notice sent					
Mail Personal Contact Telephone					
Effective date of status change (If applicable): (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)					
Signature of Verifying Official Date					
ISBE 68-21 (9/19) Print Reset Form					

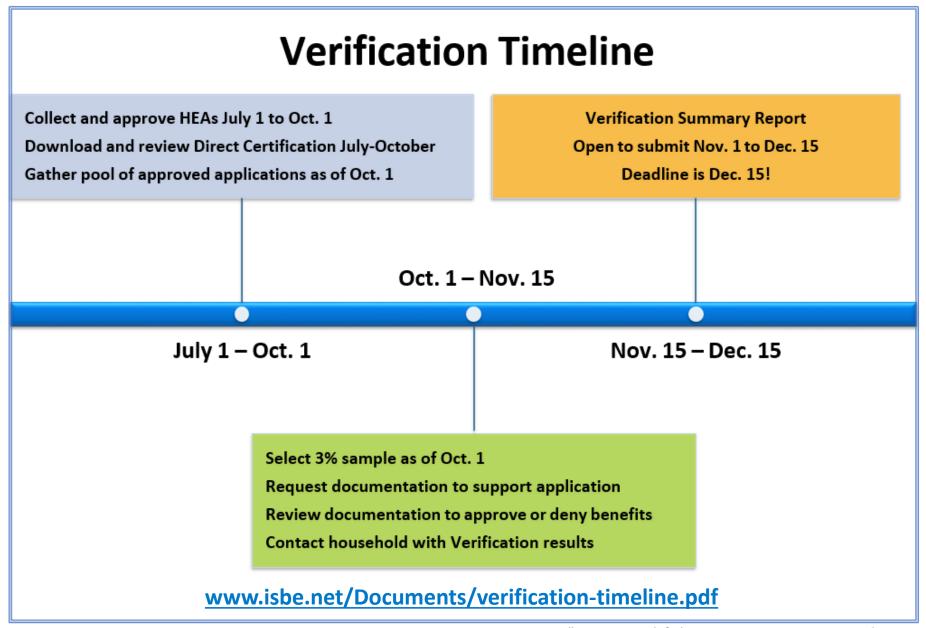


- October 1 Application count completed after direct certification was performed.
- October 2 Sample size calculated based on October 1 application count, and applications to be verified are pulled and a confirmation review is performed.
- October 3 Direct verification is attempted for those applications selected. Households, whose applications are unable to be directly verified, are sent notification of their selection for verification. Households have 10 calendar days to comply with this first request.
- October 13 Households that did not comply with first request must be sent a second notice. Households have 3 business days to comply with this second request.
- October 16 Households that did not comply with the second request are sent a letter notifying them that their benefits are being terminated. Benefits will be terminated 10 calendar days from the date notification is sent. In this example the letter is sent on October 16 so the termination of benefits will go into effect on October 26*.
- October 26 The termination of benefits goes into effect, verification is considered complete, and results of verification are ready to be compiled for submitting on the required Verification Summary Report.









Best Practice for Recordkeeping



Applications selected for verification may be copied or printed on color paper and returned to the place of the original in application files.



Using the original document proceed with verification.



Once verification is complete, attach to the application all household documentation along with copies of all correspondence and keep in a secure location.



Maintain documentation for 3 years plus the current.







Important thing to remember

Confirmation review:

- Do one and document the date of completion
- Must be a second set of eyes, not original person checking their own work.

Error-Prone:

- Identify all error-prone applications prior to selecting verification 3% sample
- Select first from error-prone applications



Important thing to remember

Select 3%

Do not select more or less than 3%

Verifying income

- Use gross not net
- Verify all incomes listed on application
- Double check calculations for errors
- Accept and maintain only proper documentation



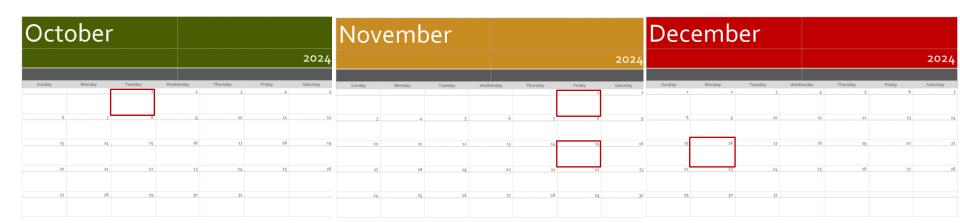
Important thing to remember

Follow up with households

- Send written notification of verification results to households, even if no change occurs
- Make changes as a result of verification
 - Increase benefits (within 3 days)
 - Reduce benefits (on 10th day after notification)
 - Remove benefits (on 10th day after notification)



Dates to Remember



October 1st:

Start Verification Process
July-Oct Direct Cert Reports
VSR Step 1 Opens in WINS

November 1st:

VSR Step 2-5 Opens in WINS

November 15TH:

Verification process is to be completed

By *December 15th:

Verification Summary Report should be submitted in WINS to avoid claim withholding

*December 16, 2024



Questions?



Contact Information

ISBE Nutrition Department

800.545.7892

or

217.782.2491

cnp@isbe.net



thankyou

