



**School Year
2024-2025**

School Nutrition Program Verification Process

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?

Community Eligibility Provision (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
- ☐ 1501-3000
- ☐ 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

- Sponsors 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

July 2024

August 2024

September 2024

October 2024

X

APPLICATION FOR FREE MEALS AND REDUCED PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary)

2. Household Income (before deductions) You must tell us how much and how often.

3. Signature and Social Security Number (Adult must sign)

4. Children's Racial and Ethnic Identities (Optional)

5. Contact Information (Optional)

6. Children's Racial and Ethnic Identities (Optional)

7. INITIAL DETERMINATION

8. Free or Reduced Price

9. Date Received

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)

[illegible]

The image shows a 1040-ES tax form. A large blue box is superimposed over the middle of the form, containing the text "HEA Income-Reduced benefits" in white. The form itself is a standard 1040-ES, with sections for "Amounts Reported", "Deductions", "Credits", and "Payments". The "Deductions" section is partially filled out, showing "Standard Deduction" and "Charitable Deduction". The "Credits" section is also partially filled out, showing "Earned Income Credit" and "Child Tax Credit". The "Payments" section is filled out with "Estimated Tax Payments". The form is dated "2008" and "2009".

[illegible]

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 July-October 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



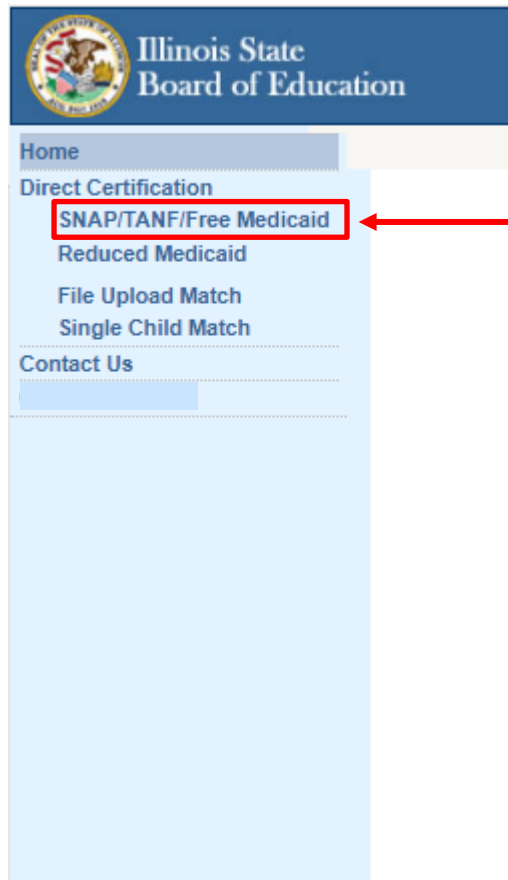
Before counting applications for approved pool:

- ✓ 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

Sponsor Tasks	Sponsor Applications & Participation	Site Applications	Claims & Monitoring	Sponsor Info
Administrative Tasks				
Sponsor Tasks		Site Application Tasks		
<ul style="list-style-type: none"> Batch Daily Meal Counts Batch Participation Detail Add/Remove Detail Dates Batch Site Questionnaire Batch Site Participation + Add New Site x Deactivate/Re-activate Site(s) x Deactivate Sponsor ⚠ Review Citation Responses ✍ Supply Chain Assistance (SCA) ☰ Waivers 		<ul style="list-style-type: none"> ✍ Enroll Site In New Program ✍ Edit Site Questionnaire ✍ Edit Program Participation ✍ Edit Participation Detail 		
Reports		Budget		
<ul style="list-style-type: none"> 📄 Waiver Submissions 📊 Applications Not Received ➡ NSLP Verification Summary Report ➡ Direct Certification 📄 Deleted Sites 📄 Claim Data Report 📄 Summary Reports - Applications Submitted for Sponsor 📄 Summary Reports - Applications Submitted for Sites 📄 Summary Reports - List of Sites and Applications Submitted 		No WINS Budgets required.		

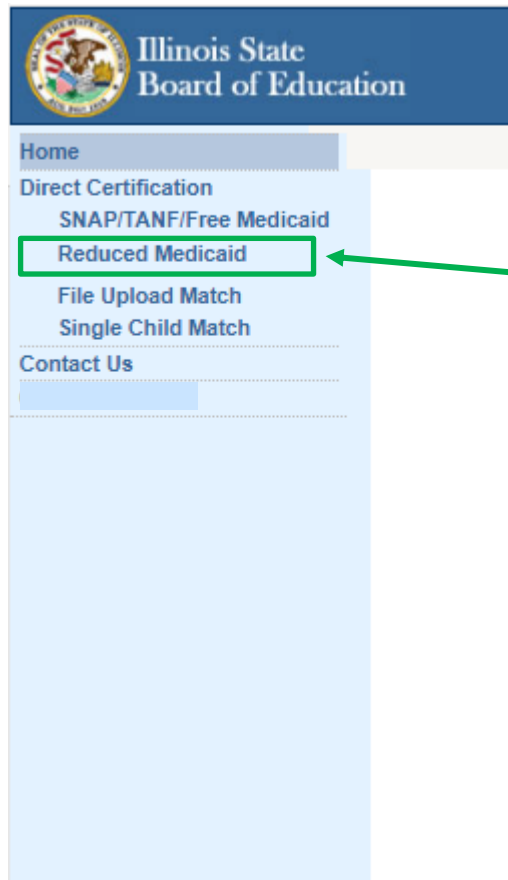
Use Direct Certification System



July 1, 2024, Annual File

Free benefits

Use Direct Certification System



**July 1, 2024, Annual File
Reduced Benefits**

Use Direct Certification System-

REDUCED Medicaid Benefits

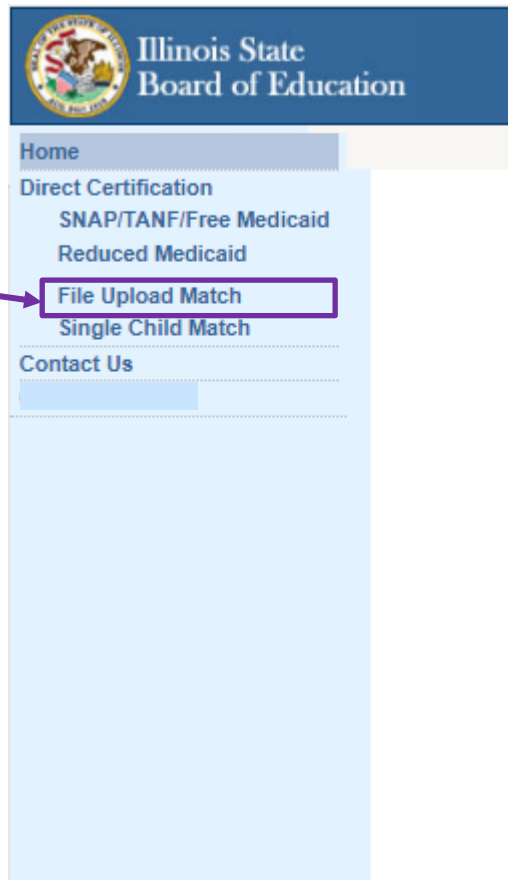
EXACT Matches:

First Name	Last Name	Birth Date	Sex	Assistance Source	Agency Identifier	Street Address	City	State	Zip
Student Name		00/00/00	M/F	Reduced Medicaid			CHICAGO	IL	606440000

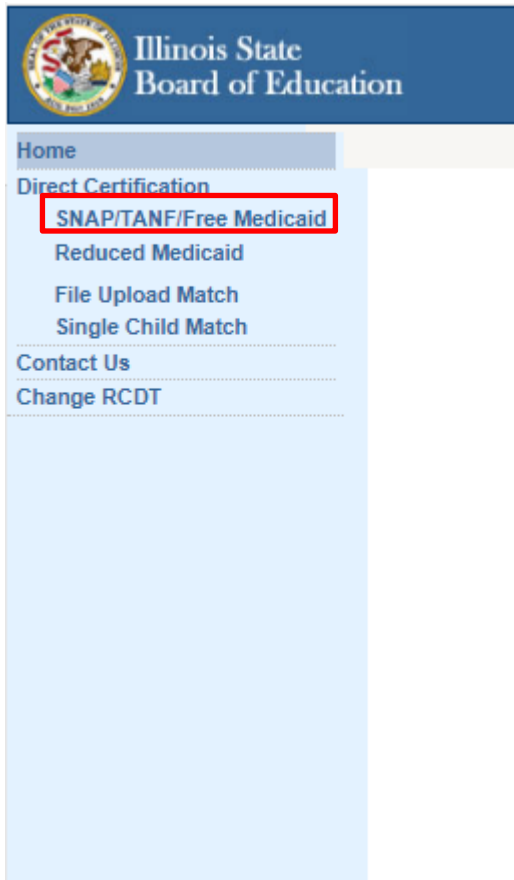
Total Number of EXACT Matches: 1

Use Direct Certification System

July 1, 2024, Annual File
File Upload Match



Use Direct Certification System



July 1, 2024, Annual File

Free benefits

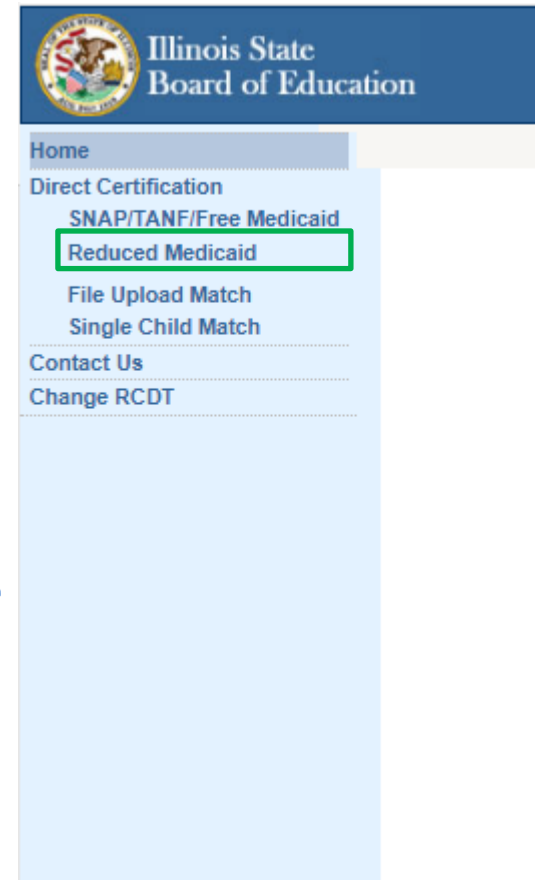
Reduced Benefits

August 1, 2024 to June 20, 2025

Monthly reports provide any additional students added since the annual file.

Free benefits

Reduced Benefits

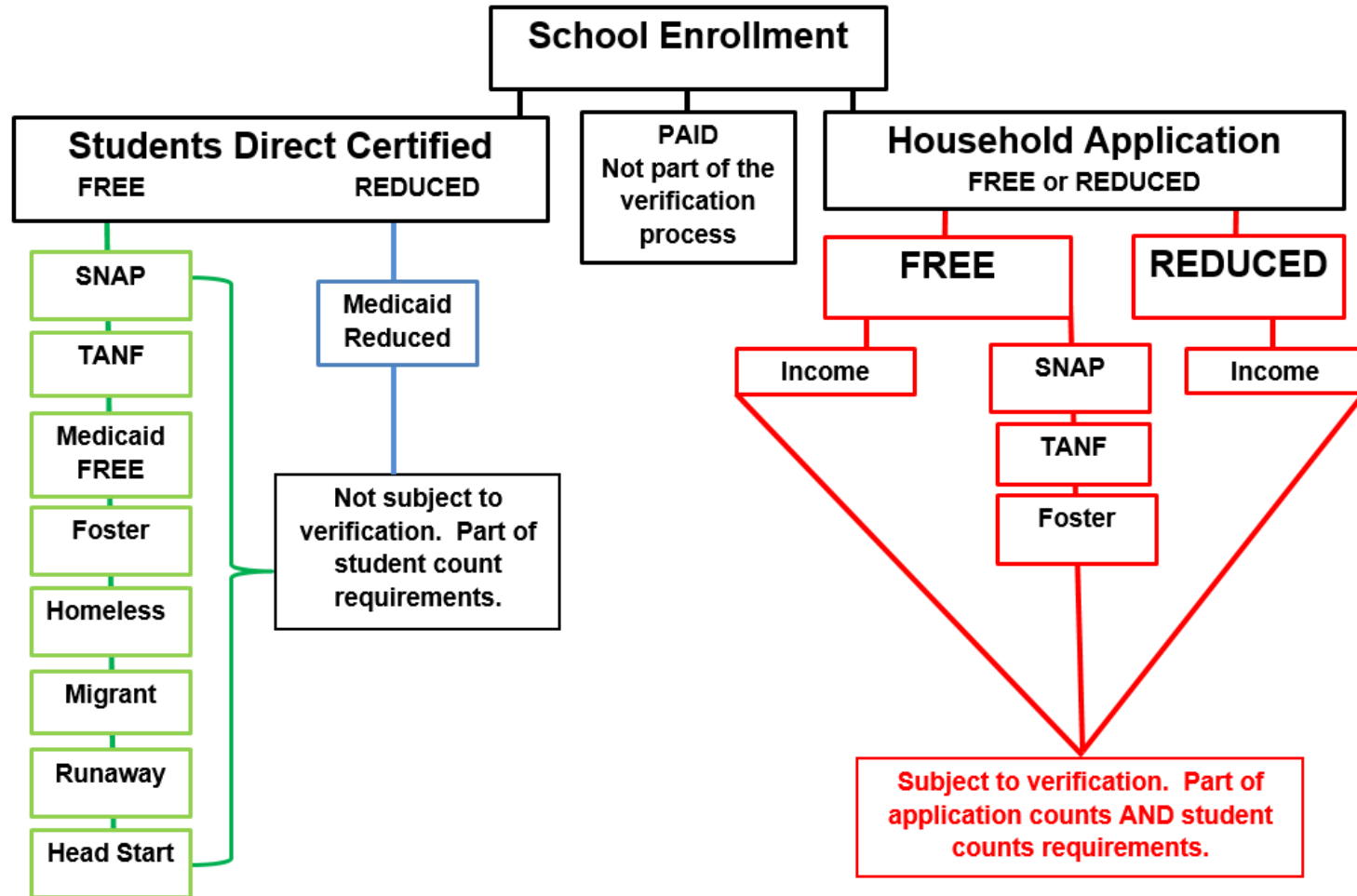


Poll Question:

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

- ☐ Yes
- ☐ No
- ☐ 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

Direct Certification

Extends to all students in the same household

SNAP

TANF

Free or Reduced
Medicaid

Extension of Benefits

No Extension of Benefits

Foster

Homeless

Runaway

Verification Process

Step 1

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

Verification Process



October						
2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Verification Summary Report-VSR

Sponsor Tasks	Sponsor Applications & Participation	Site Applications	Claims & Monitoring	Sponsor Info
Administrative Tasks				
Sponsor Tasks		Site Application Tasks		
<ul style="list-style-type: none"> Batch Daily Meal Counts Batch Participation Detail Add/Remove Detail Dates Batch Site Questionnaire Batch Site Participation + Add New Site ✕ Deactivate/Re-activate Site(s) ✕ Deactivate Sponsor ⚠ Review Citation Responses ✎ Supply Chain Assistance (SCA) ☰ Waivers 		<ul style="list-style-type: none"> ✎ Enroll Site In New Program ✎ Edit Site Questionnaire ✎ Edit Program Participation ✎ Edit Participation Detail 		
Reports		Budget		
<ul style="list-style-type: none"> 📄 Waiver Submissions 📊 Applications Not Received ➡ NSLP Verification Summary Report ➡ Direct Certification 📄 Deleted Sites 📄 Claim Data Report 📄 Summary Reports - Applications Submitted for Sponsor 📄 Summary Reports - Applications Submitted for Sites 📄 Summary Reports - List of Sites and Applications Submitted 		No WINS Budgets required.		

Data Collection Form

Verification Summary Report Data Collection Form: Step 1

By answering the following questions, you will be collecting the data that is required for Step 1, Questions 1-5.

Data collection: Answer the following questions as of **Oct. 1** using districtwide data.

Step 1 Application Counts: Section for reporting paper applications only. Do not count students on each application. Prior to reporting Household Eligibility Application(s), count search for students listed on all application(s) in the Direct Certification system and remove any applications from this count that were found to be directly certified. Report only applications for student(s) that could not be directly certified.

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

Question 2:

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

Enter application 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)

[illegible]

U.S. Individual Income Tax Return (Form 1040)

2000

Name **J. D. Smith** Social Security Number **123-45-6789** Filing Status **Married**

HEA Income-Free benefits

Supplemental Information

Additional Income

Other Income

Total Tax Liability **\$1,234.56**

Amount of Refund or Overpayment **\$567.89**

The image shows a sample of a 1040-ES tax form. A large blue rectangular box is superimposed over the center of the form, containing the text "HEA Income-Reduced benefits" in white, bold, sans-serif font. The form itself is a standard IRS 1040-ES, with various sections for calculating estimated tax liability and payments. The top section includes a header with the form number and a box for the taxpayer's name and address. Below this are several lines for identifying information, including the taxpayer's name, address, and the name of the preparer. The main body of the form consists of numerous numbered lines for calculating income, deductions, and tax liability. The bottom section includes a box for the taxpayer's signature and a line for the preparer's signature. The form is printed in black ink on a white background.

Note:

Medicaid numbers may not be approved for benefits on HEAs.

Household Eligibility Applications (HEA)

APPLICATION FOR FREE MILKMEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(If Student only) School Name	(If Student only) Grade	SNAP OR TANF CASE NUMBER ONLY										Check if Foster Child*
			Skip to Part 4 if you list a SNAP or TANF case number. If you list a SNAP or TANF case number, you must provide the case number. If you receive Medicaid and were not directly certified for free meals, you must apply based on household size and income.										

* A foster child is the legal responsibility of a welfare agency or court.

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, Zip Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Mark one or more racial identities: ☐ Asian ☐ Black or African American ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date: _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

☐ Free based on:
☐ homeless
☐ migrant
☐ runaway
☐ Head Start

☐ SNAP or TANF
☐ foster child
☐ household's income

☐ Reduced based on:
☐ household's income
☐ income too high
☐ incomplete application
☐ Non-qualifying SNAP/TANF

☐ Denied—Reason:
☐ income too high
☐ incomplete application
☐ Non-qualifying SNAP/TANF

Signature of Determining Official: _____ Date: _____

68-03 School Year 2018-2019 NSISAP (7/18)

Household Eligibility Applications (HEA)

APPLICATION FOR FREE LMKMEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

SCHOOL USE ONLY

1. All Household Members (Attach another sheet of paper if necessary.) ☐ Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS (or Student only) School Name

	(or Student only) School Name	(or Student only) Grade	SNAP OR TANF CASE NUMBER ONLY (Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.)				Check if Foster Child*
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

HEA Foster Child Free benefits

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or X X X - X X - Social Security Number ☐ I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date Printed Name of Adult Household Member Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, Zip Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Hispanic/Latino ☐ White ☐ Black or African American
☐ Not Hispanic/Latino

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date: _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

☐ **Free based on:** ☐ homeless ☐ migrant ☐ runaway ☐ Head Start ☐ SNAP or TANF ☐ foster child ☐ household's income


☐ **Reduced based on:** ☐ household's income ☐ **Denied—Reason:** ☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF

Signature of Determining Official: _____ Date: _____

Date Withdrawn: _____

68-03 School Year 2018-2019 NSSTAP (7/18)

7 Applications SNAP or TANF



ILLINOIS
STATE BOARD OF
EDUCATION

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

7

_____ application(s)

Application(s) for approved for foster child

_____ application(s)

Total applications

application(s)

Enter application total on Step 1, Question 1

Safari District 101

[illegible]

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	<u>7</u>	application(s)
Application(s) for approved for foster child	<u>1</u>	application(s)

Total applications

application(s)

Enter application total on Step 1, Question 1

Household Eligibility Applications (HEA)

7 + 1

HEA
SNAP/TANF
Free benefits

HEA
Foster Child
Free benefits

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

7 application(s)

Application(s) for approved for foster child

1 application(s)

Total applications

8 application(s)

Enter application total on Step 1, Question 1

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

7 application(s)

Application(s) for approved for foster child

1 application(s)

Total applications

8 application(s)

Enter application total on Step 1, Question 1

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?

8

Application(s)

Household Eligibility Applications (HEA)

[illegible]

HEA Income-Reduced benefits

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 REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS (If Student only) School Name (If Student only) Grade

SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.

Check if Error Prone Application

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director Date

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)

GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month, \$100 twice a month, \$100 every other week, \$100/week)

	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
I.	\$		\$		\$		\$	
II.	\$		\$		\$		\$	
III.	\$		\$		\$		\$	
IV.	\$		\$		\$		\$	
V.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.

X X X - X X - Social Security Number ☐ I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: ☐ Hispanic/Latino ☐ Asian ☐ Black or African American ☐ Not Hispanic/Latino

Mark one or more racial identity: ☐ Asian ☐ Black or African American ☐ White

INITIAL DETERMINATION

TOTAL INCOME \$ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

☐ **Free based on:** ☐ homeless ☐ migrant ☐ runaway ☐ Head Start

☐ **Reduced based on:** ☐ SNAP or TANF ☐ foster child ☐ household's income

☐ **Denied—Reason:** ☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF

Signature of Determining Official Date

08-03 School Year 2018-2019 NSISAP (01/18)

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)

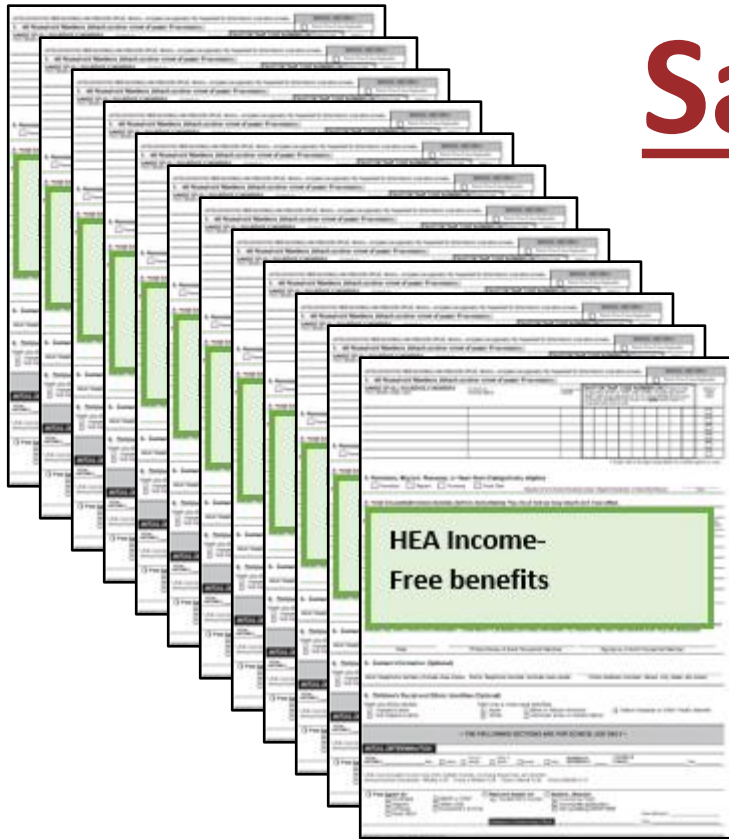
NAMES OF ALL HOUSEHOLD MEMBERS (for Student only) School Name (for Student only) Grade

SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.

Check if Error Prone Application

Check if Foster Child*

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

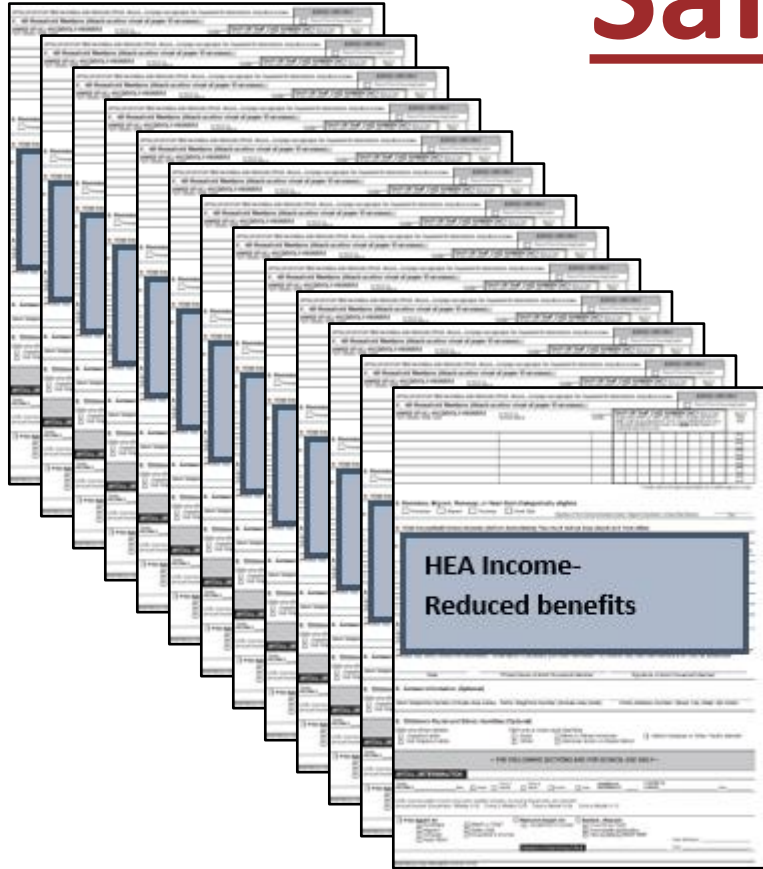
2 How many applications did the district have on file that were approved for FREE meal benefits based on meeting household size and income guidelines?

26

 Application(s)

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)

19 application(s)

19 Application(s)

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

7 application(s)

Application(s) for approved for foster child

1 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 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

8

Application(s)

26

Application(s)

19

Application(s)

53

Application(s)

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

7 application(s)

Application(s) for approved for foster child

1 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 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

Multiply total number of applications (53) by 3%

Round up to whole number

$$53 \times .03 = 1.59$$

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

6 Number of Applications to be verified

2

Application(s)

Safari District 101- Verification Report

i 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
- 5 How many of the above applications are error prone income applications?

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

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

- 6 Number of Applications to be verified

2	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

 Illinois 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 applications selected for verification.) <input type="checkbox"/> 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.)		
Confirmation Review (Prior to verification and only for applications selected for verification.) Date of Confirmation Review _____ <input type="checkbox"/> Initial determination was correct, continued with verification process. <input type="checkbox"/> Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level. <input type="checkbox"/> Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE. • Change of benefit level occurred/will occur on _____ (Date). (Change must be within 3 days of confirmation review.) <input type="checkbox"/> Initial determination was incorrect, status needed to be changed from FREE or REDUCED-PRICE to PAID. Households must be given a 10 day notice of change. • Change of benefit level occurred/will occur on _____ (Date). Signature of Confirming Official _____ Date _____		
Verification Tracking <input type="checkbox"/> 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.) <input type="checkbox"/> Household did not respond to first request. Second notice completed _____ (Date). • Response expected _____ (Recommend 3 business days from the date the letter was sent.) <input type="checkbox"/> Household did not respond completely, OR household did not respond at all by deadline of second notice.		
Initial determination was: <input type="checkbox"/> FREE based on SNAP/TANF case number <input type="checkbox"/> FREE based on Income and Household Size <input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	Verification resulted in: <input type="checkbox"/> No Change <input type="checkbox"/> FREE to REDUCED-PRICE <input type="checkbox"/> FREE to PAID <input type="checkbox"/> REDUCED-PRICE to FREE <input type="checkbox"/> REDUCED-PRICE to PAID	Reason for change: <input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Directly verified <input type="checkbox"/> Incomplete or no response <input type="checkbox"/> Other: _____
Date verification result was sent or notice of status change was made: _____ • Type of notice sent <input type="checkbox"/> Mail <input type="checkbox"/> Personal Contact <input type="checkbox"/> 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		

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

Home

Direct Certification

SNAP/TANF/MEDICAID

Homeless/Migrant/Headstart

File Upload Match

Single Child Match

Direct Verification

CEP Validation File Match

Contact Us

Change RCDT

User Id: RCDT:

Direct Verification

The *Electronic Direct Certification System* may be used to conduct Direct Verification of ONLY those Household Eligibility Applications selected for verification as part of the October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Applications upon receipt from the family.

If at least one of the students listed on the Household Eligibility Application are matched through the *Direct Verification link*, then the application is considered to be verified and no further contact with the household is needed. Print and attach this documentation to the application for proof of verification. If none of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the household must be contacted and documentation requested using traditional verification procedures.


An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and search criteria below:

1. First name, last name, and city.

Type of Search

☒ Name and Address

Search Criteria

Application Date *  mm/dd/yyyy


First Name *

Last Name *

City


* required field

Search

 ILLINOIS
STATE BOARD OF
EDUCATION

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Direct Verification Tracking

 **Illinois**
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 applications selected for 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.)

Confirmation Review (Prior to verification and only for applications selected for verification.)

Date of Confirmation Review _____

☐ Initial determination was correct, continued with verification process.

☐ Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level.

☐ Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE.

Direct Verification Tracking (For use prior to confirmation and only for applications selected for 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.

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:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> 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](#)

Confirmation Review Tracking



Illinois
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 applications selected for 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.)

Confirmation Review (Prior to verification and only for applications selected for verification.)

Date of Confirmation Review: _____

☐ Initial determination was correct, continued with verification process.

☐ Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level.

☐ Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE.

- Change of benefit level occurred/will occur on _____ (Date). (Change must be within 3 days of confirmation review.)

☐ Initial determination was incorrect, status needed to be changed from FREE or REDUCED-PRICE to PAID. Households must be given a 10 day notice of change.

- Change of benefit level occurred/will occur on _____ (Date).

Signature of Confirming Official _____ Date _____

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:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> 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 Fo

Confirmation Review (Prior to verification and only for applications selected for verification.)

Date of Confirmation Review: _____

- ☐ Initial determination was correct, continued with verification process.
- ☐ Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level.
- ☐ Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE.
- Change of benefit level occurred/will occur on _____ (Date). (Change must be within 3 days of confirmation review.)
- ☐ Initial determination was incorrect, status needed to be changed from FREE or REDUCED-PRICE to PAID. Households must be given a 10 day notice of change.
- Change of benefit level occurred/will occur on _____ (Date).

Signature of Confirming Official _____ Date _____

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

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

We Must Verify Your Application

Date: _____

Dear _____:

We are checking your Household Eligibility Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove the child(ren) is/are eligible.

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)

Use reverse side if necessary

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

You must send the information we need, or contact _____ by _____ or your child(ren) will stop getting free or reduced-price meals.
(Name) (Date)

1. If you were getting SNAP or TANF when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:

- SNAP or TANF Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have received SNAP or TANF.
- Copy of the Illinois Department of Human Services medical card with appropriate SNAP or TANF case identification number.

2. If you do not get SNAP or TANF for your child(ren):

A. Write name of each adult household member below.

NAME (First and Last)	NAME (First and Last)

Use reverse side if necessary

B. Send this page along with papers that show the amount of money your household receives from each source of income.

3. If you choose not to comply with our request for verification of materials, you can inform the school by:

1) Signing and dating below, and returning form to school.

(Adult Household Member Signature) (Date)

2) Or by calling _____ at _____
(Name) (Telephone)

Households that choose not to comply OR fail to comply with verification request will be changed to paid status.

The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

Send information to: _____

Acceptable papers include:

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 they are paid; or 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 Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other Income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

Military Housing Privatization Initiative: Letter or rental contract showing your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call _____ at _____ The call is free.
(Name) (Telephone Number)

Sincerely, _____

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. 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. Braille, 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.asec.usda.gov/complaint>, form, civil hint, 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) 632-6992. 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. 20250-9410; (2) fax: (202) 696-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

ISBE 68-10 MVAPP (10/17)

Print **Reset Form**

Letter: We Must Verified Your Application

<< School District Name and Logo>>

<<Household ID # _____>>

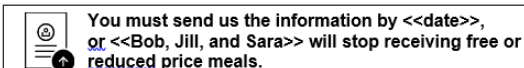
Household ID # _____



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 FDIPIR 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 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. Braille, 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. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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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 FDIPIR at the time of application, or any time since?

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDIPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDIPIR 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:

1. **Your child is homeless, migrant or runaway:** Contact <<school, homeless liaison, or migrant coordinator at (xxx)-xxx-xxxx>> or e-mail>> for help.
2. **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.
3. **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)xxx-xxxx>>.

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

2

USDA Verification Tool Kit

<< School District Name and Logo>>

<<Household ID # _____>>

Confirm Your Eligibility for Free/Reduced Price Meals

Dear <<Susan>>,

Your application was approved a little while ago, and your child(ren) (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 FDIPIR 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 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. Braille, large print, audiotope, 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. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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<< School District Name and Logo>>

<<Household ID # _____>>

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 FDIPIR at the time of application, or any time since?

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDIPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDIPIR 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. 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 child(ren) 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 <<(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

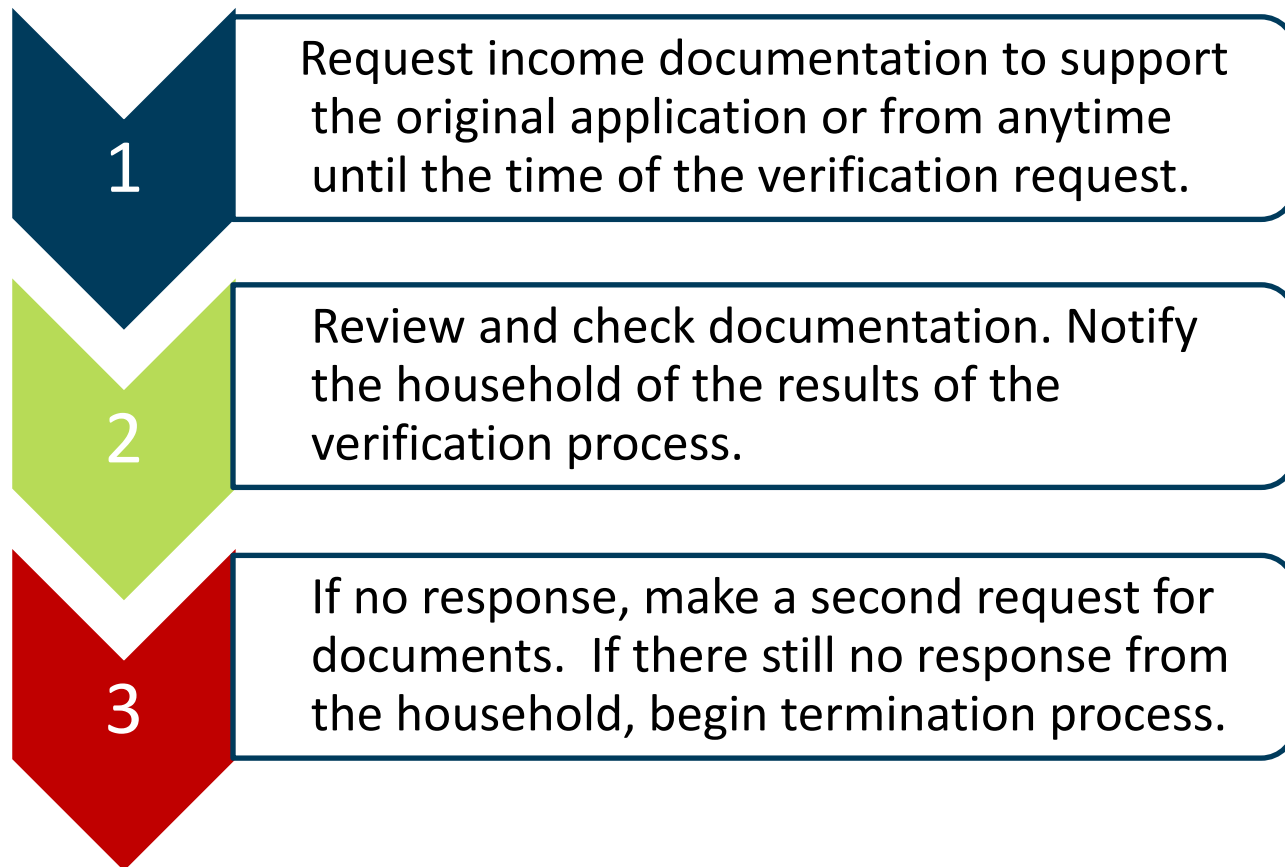
TANF

Il Dept of
Healthcare and
Family Services

**Foster
Child**

Il Dept of
Children and
Family Services

Documentation Requests: Income



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

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

We Have Verified Your Application

Date: _____

Dear: _____

We have checked the information 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)
-----------------------------	-----------------------------	-----------------------------	-----------------------------

is/are eligible for free or reduced-price meals and it has been determined:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting _____ Date (1-3 operating days) _____ your child(ren)'s eligibility for meals will be **changed from reduced-price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting _____ Date (ten calendar days) _____ your child(ren)'s eligibility for meals will be **changed from free to reduced-price** because your income is over the limit. Reduced-price meals cost _____ for lunch and _____ for breakfast.

☐ Starting _____ Date (ten calendar days) _____ **your child(ren) is/are no longer eligible** for free or reduced-price meals for the following reason(s):

- ☐ Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.
- ☐ Records show the child(ren) is not homeless, runaway, migrant, or Head Start
- ☐ Your income is over the limit for free or reduced-price meals.
- ☐ You did not provide: _____
- ☐ You did not respond to our request.

Meals cost _____ for lunch and _____ for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with _____ at _____ Name _____ Telephone W/Area Code _____.

You also have the right to a fair hearing. If you request a hearing by _____, your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to:

 Name _____ Telephone W/Area Code _____

 Address (Street, City, State, Zip Code)

Sincerely,

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. 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 marital status. Individuals with disabilities are encouraged to contact the USDA's Office of Communications and Public Inquiries for alternative means of communication for program information (e.g. Braille, large print, audiocassette, 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 or discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: 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 by the instructions. Send your completed complaint form or letter to the USDA Office of Communications and Public Inquiries, 1490 L Street, N.W., Washington, D.C. 20250-9410; U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

ISBE 68-09 HVAPP (10/17)

Print Reset Form

Letter: We Have Verified Your Application

Follow-up Letter to Households

We Have Verified Your Application

Date: _____

Dear: _____

We have checked the information 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)
_____	_____	_____	_____

is/are eligible for free or reduced-price meals and it has been determined:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Starting _____, your child(ren)'s eligibility for meals will be **changed from reduced-price**
Date (1-3 operating days)
to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- ☐ Starting _____, your child(ren)'s eligibility for meals will be **changed from free to**
Date (ten calendar days)
reduced-price because your income is over the limit. Reduced-price meals cost _____ for lunch and _____ for breakfast.
- ☐ Starting _____, **your child(ren) is/are no longer eligible** for free or reduced-price meals
Date (ten calendar days)

for the following reason(s):

- ☐ Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.
- ☐ Records show the child(ren) is not homeless, runaway, migrant, or Head Start
- ☐ Your income is over the limit for free or reduced-price meals.
- ☐ You did not provide: _____
- ☐ You did not respond to our request.

Meals cost _____ for lunch and _____ for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

Follow-up Letter to Households

If you disagree with this decision, you may discuss it with _____ at _____.
Name Telephone W/Area Code


You also have the right to a fair hearing. If you request a hearing by _____, your child(ren) will continue
Date
to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by
calling or writing to:

Name Telephone W/Area Code

Address (Street, City, State, Zip Code)

Sincerely,

Verification Tracking

 **Illinois 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 applications selected for 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.)

Confirmation Review (Prior to verification and only for applications selected for verification.)

Date of Confirmation Review _____

☐ Initial determination was correct, continued with verification process.

☐ Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level.

☐ Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE.

- Change of benefit level occurred/will occur on _____ (Date). (Change must be within 30 days of confirmation review.)

☐ Initial determination was incorrect, status needed to be changed from FREE or REDUCED-PRICE to PAID. Households must be given a 10 day notice of change.

- Change of benefit level occurred/will occur on _____ (Date).

Signature of Confirming Official _____ Date _____

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:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> 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](#)

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:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> 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.

Verification Timeline

Collect and approve HEAs July 1 to Oct. 1
Download and review Direct Certification July-October
Gather pool of approved applications as of Oct. 1

Oct. 1 – Nov. 15

July 1 – Oct. 1

Nov. 15 – Dec. 15

Verification Timeline

Collect and approve HEAs July 1 to Oct. 1
Download and review Direct Certification July-October
Gather pool of approved applications as of Oct. 1

Oct. 1 – Nov. 15

July 1 – Oct. 1

Nov. 15 – Dec. 15

Select 3% sample as of Oct. 1
Request documentation to support application
Review documentation to approve or deny benefits
Contact household with Verification results

Verification Timeline

Collect and approve HEAs July 1 to Oct. 1
Download and review Direct Certification July-October
Gather pool of approved applications as of Oct. 1

Verification Summary Report
Open to submit Nov. 1 to Dec. 15
Deadline is Dec. 15!

Oct. 1 – Nov. 15

July 1 – Oct. 1

Nov. 15 – Dec. 15

Select 3% sample as of Oct. 1
Request documentation to support application
Review documentation to approve or deny benefits
Contact household with Verification results

www.isbe.net/Documents/verification-timeline.pdf

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						
						2024
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			2	3	4	5
6	7		9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
						2024
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						2
3	4	5	6	7		9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
						2024
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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

Thank you