



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 _____