



Verification of Eligibility for School Meals



NUTRITIONAL
PURSUIT

SNP Back to School Conference
ISBE Nutrition Division

National School Lunch Program (NSLP)
School Breakfast Program (SBP)

Illinois State Board of Education
Nutrition and Wellness programs Division



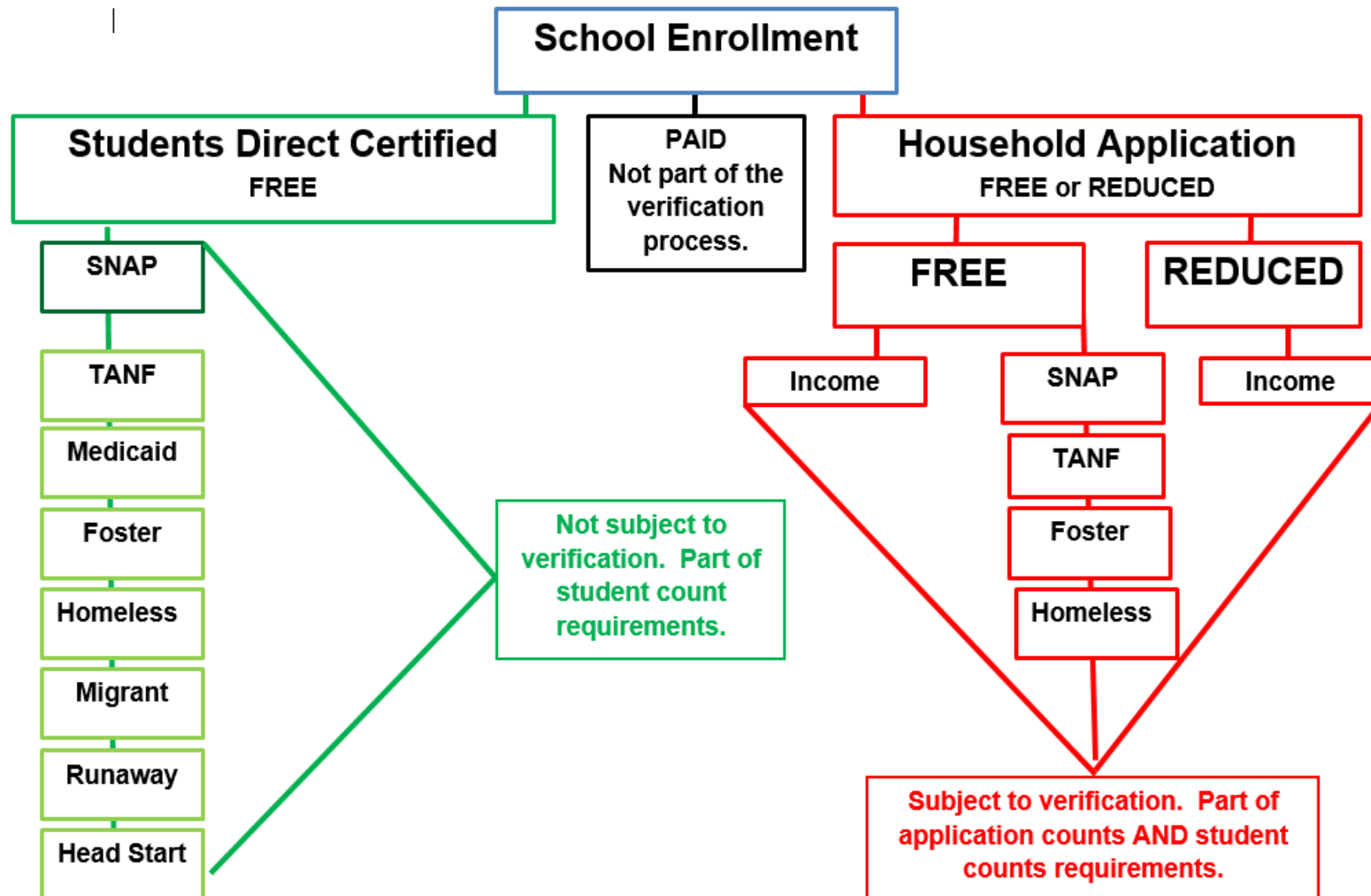
Community Eligibility Provision (CEP)

Community Eligibility Provision (CEP) **districtwide**
.....there is no need to conduct verification
and no household eligibility applications.





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What is Verification?

- **Verification** is the confirmation of eligibility for FREE and REDUCED-PRICE meals under the NSLP and SBP.
 - Verification is only required when meal eligibility is determined through the use of a household eligibility application.
 - Students or households that are directly certified, or are categorically eligible, ARE NOT subject to verification.



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– 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

Date Withdrawn: _____

Signature of Determining Official _____

Date: _____



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APPLICATION FOR FREE MILK/MEAL 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.)

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last

(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. 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*

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

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. NAMES (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)

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.

Social Security Number

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



Focus of Verification: Error-Prone

- The main focus of the verification process are *error-prone* FREE and REDUCED-PRICE income applications.
 - To determine if an income application is error-prone, use the current income eligibility guidelines along with the error-prone guidelines.

Error-prone applications are the first priority, but SNAP/TANF and Foster Child applications may also end up being selected if less than 3% of applications are error-prone.



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 Income Applications

- This box should be marked as applications are processed, not at the time of verification.

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 First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY		Foster Child*
			SNAP OR TANF CASE NUMBER ONLY	SNAP OR TANF CASE NUMBER ONLY	
					<input type="checkbox"/>
					<input type="checkbox"/>

SCHOOL USE ONLY

☐ Check if Error Prone Application



Pre-Verification Procedures

- Use of the Electronic Direct Certification system is **required**
- On **October 1**, prior to completing **application count**, Local Education Agencies (LEAs) must attempt to directly certify as many students as possible.
 - Annual File
 - Monthly File
 - Single Child Match
 - File Upload Match



Verification Process

October 1 or

- Step 1 – **Application Count, (PAPER)**
 - Establish Sample Pool and Select Sample Size
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results

October 2018

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 Process

Last Operating Day of October

October 2018

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			

- Step 5 – **Student Count, (PEOPLE)**
 - ALL LEAs must do this.
- Step 6– Submit Verification Summary Report (VSR)



Step 1 – Application Count, Sample Pool

- Establishing the Sample Pool
 - Verification of applications is done at the district level.
 - The *Sample Pool* is the **total number of approved SNAP/TANF, Foster, and Income** applications on file in the district as of October 1.
- REMEMBER**, prior to doing the application count, LEAs should directly certify as many students as possible.



Sampling Method - *Standard/Basic*

- Establishing the Sample Size
 - Once the sample pool is known, LEAs can calculate the *Sample Size*.
- The required sample size is 3% of approved household applications on file as of October 1 **OR** 3,000 applications – Whichever is less.





Standard/Basic Sample Size Example

- 1634 approved household applications on file as of October 1. $1634 \times .03 = 49.02$, rounds up to 50. **Always round up!**
 - Scenario 1 - 60 error-prone applications on file
 - All 50 applications can be randomly pulled from error-prone.
 - Scenario 2 - 40 error-prone applications on file
 - Pull all 40 error-prone applications, plus 10 additional applications randomly pulled from **ALL** remaining approved household applications.



Sample Size Examples

- Total approved household applications
 - $530 \times .03 = 15.9$, this is rounded up to 16
 - $375 \times .03 = 11.25$, rounded up to 12
 - $32 \times .03 = .96$, rounded up to 1
- Applications must be pulled from error-prone income applications first.
 - If there are no error-prone applications, then LEAs can randomly pull from all approved applications on file as of October 1.



Step 2 – Confirmation Reviews

- Prior to contacting the household, LEAs must have a confirming official check the accuracy of the initial determination of all applications selected to be verified.
- The **Determining Official** and **Confirming Official** **MUST** be two different people.



Illinois State Board of Education



Illinois
State Board of Education
100 North First Street, W-270
Springfield, Illinois 62777-0001

CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM

NUTRITION AND WELLNESS PROGRAMS DIVISION

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

- ☐ Direct Verification (DV) completed _____ (Date). (The DV report MUST be printed on.)
- ☐ 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:

- ☐ FREE based on SNAP/TANF case number
- ☐ FREE based on Income and Household Size
- ☐ REDUCED-PRICE based on Income and Household Size

Verification resulted in:

- ☐ No Change
- ☐ FREE to REDUCED-PRICE
- ☐ FREE to PAID
- ☐ REDUCED-PRICE to FREE
- ☐ REDUCED-PRICE to PAID

Reason for change:

- ☐ Income: \$ _____
- ☐ Household Size: _____
- ☐ Directly verified
- ☐ Incomplete or no response
- ☐ 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 (7/17)

[Print](#) [Reset Form](#)



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Signature of Confirming Official _____

Date



Illinois State Board of Education

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- ☐ 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:

- ☐ FREE based on SNAP/TANF case number
- ☐ FREE based on Income and Household Size
- ☐ REDUCED-PRICE based on Income and Household Size

Verification resulted in:

- ☐ No Change
- ☐ FREE to REDUCED-PRICE
- ☐ FREE to PAID
- ☐ REDUCED-PRICE to FREE
- ☐ REDUCED-PRICE to PAID

Reason for change:

- ☐ Income: \$ _____
- ☐ Household Size: _____
- ☐ Directly verified
- ☐ Incomplete or no response
- ☐ 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 (7/17)

[Print](#)

[Reset Form](#)

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
☐ White
☐ Black or African American
☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids.

Sign here: _____

– 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

Date Withdrawn: _____

Signature of Determining Official _____

Date: _____



Confirmation Reviews

If the initial determination is confirmed as being correct:

The **confirming official** signs and dates the Confirmation Review and Verification Tracking Form in the space provided. The verification of the application is continued.



Confirmation Review



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CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM

NUTRITION AND WELLNESS PROGRAMS DIVISION

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- ☐ 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



Confirmation Reviews

- If the initial determination is found to be incorrect:
 - Status changed from FREE to REDUCED – Continue with verification of application.
 - Status changed from REDUCED to FREE – Change benefits within 3 days, notify household of change, and complete verification of application.
 - Status changed from FREE or REDUCED to PAID – Send 10 day notice of change in benefits, but DO NOT verify application. LEA must select a similar replacement application.



Confirmation Reviews

- Decline to Verify Option
 - Up to 5 percent of the applications selected for verification may be declined by LEAs.
 - Factors to consider: Household stability; language; or communication barriers.
 - Applications removed must be replaced with another application of the same type.



Step 3 – Complete Verification

- All applications selected for verification should be attempted to be verified using the Direct Verification link on the Direct Certification system.
 - Login to IWAS, access WINS
 - Select Direct Certification option
 - Once in Direct Certification system, click on Direct Verification link



Direct Verification

- For SNAP/TANF Applications:
 - *Application Date*
 - *SNAP/TANF Case Number*
- For Income Applications:
 - *Application Date*
 - *First Name*
 - *Last Name*
 - *City*



Direct Verification

ISBE -> Direct Certification - Windows Internet Explorer

https://secqa1.isbe... Illinois St... Bing

File Edit View Favorites Tools Help

ISBE -> Direct Certification

Download Files
File Upload Match
Single Child Match
Direct Verification
Contact Us
Change RCDT

Direct Verification

The Electronic Direct Certification System may be used to conduct Direct Verification ONLY those Household Eligibility Applications selected for verification as part of 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 matched through the Direct Verification link, then the application is considered verified and no further contact with the household is needed. Print and attach 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 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 by entering one of the search criteria below:

1. SNAP/TANF case number or
2. First name, last name, and city.

Type of Search

☒ Case Number ☐ Name and Address

Search Criteria

Application Date * 6/30/2010 mm/dd/yyyy

Case Number * 9401222468

* required field

Search

The following errors must be corrected before continuing:

- Application date must be between July 1st and today.

ISBE -> Direct Certification - Windows Internet Explorer

https://secqa1.isbe... Illinois St... Bing

File Edit View Favorites Tools Help

ISBE -> Direct Certification

Download Files
File Upload Match
Single Child Match
Direct Verification
Contact Us
Change RCDT

Direct Verification

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If at least one of the students listed on the Household Eligibility Application matched through the Direct Verification link, then the application is considered verified and no further contact with the household is needed. Print and attach 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 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 by entering one of the search criteria below:

1. SNAP/TANF case number or
2. First name, last name, and city.

Type of Search

☐ Case Number ☒ Name and Address

Search Criteria

Application Date * 8/15/2010 mm/dd/yyyy

First Name * Chad

Last Name * Martel

City * Springfield

* required field

Search

No Matching Records Found.



Traditional Verification

- ALL applications selected for verification that were unable to be Directly Verified, must be verified using traditional verification process.
 - LEAs must notify household about their application being selected for verification.
 - Notice requires household to submit documentation to confirm FREE or REDUCED-PRICE meal eligibility.
 - Notice should include a contact and toll-free phone number. In lieu of a toll free number, schools must allow collect calls.



Household Documentation



- Documentation of *Income*, receipt of *SNAP/TANF benefits*, or *Foster child status* may be provided anywhere from one month prior to the application date, up to the date the request for documentation is made.



Household Documentation

Acceptable Written Evidence	
Income Eligible	<p>Contains:</p> <ul style="list-style-type: none">• The name of the household member;• Amount of income received;• Frequency received; and• The date the income was received. <p><i>For example, a pay stub with no dates would be insufficient.</i></p>
Categorically Eligible: Assistance Program	<p>An official letter or notice indicating that the child or any household member is receiving benefits from that program, such as a notice of eligibility.</p> <p>A document from an Assistance Program that does not specify the certification period does not meet the documentation for verification.</p> <p><i>For example, the identification cards for SNAP or TANF would be insufficient because they usually do not have an expiration date.</i></p>
Categorically Eligible: Other Source	<p>An official letter, notice, or list from the appropriate State agency, social service agency, program office or coordinator, or court.</p>



Household Documentation

- Verification is completed using **GROSS** income.
 - Examples of income include, but are not limited to: Child support, wages/salary, workers compensation, social security, disability, royalties, etc.



Required Second Notification

- If the household does not respond to the first request for verification documents, the LEA must make at least one additional request.
 - The second attempt may be through the mail, by telephone, by electronic mail, or through personal contact.
 - LEA must document all attempts and the results (space provided on application).



Step 4 - Notifying Household of Results

- All households that went through the *Traditional Verification* process must be notified of the results.
- If verification results in:
 - **No change to the benefit level**, notify the household.
 - **Increased benefits (REDUCED to FREE)**, notify the household and make the change in benefits within three operating days of the new determination.





Notifying Household of Results

- If verification results in:
 - **Decreased or terminated benefits (FREE to PAID, REDUCED to PAID, or FREE to REDUCED)**, notify the household providing them the required ten calendar day written advance notice. The first day of the notice is the day the notice is sent.



SAMPLE Timeline for Steps 1 through 4

- **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. Those applications 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.



Walk through Verification - Key

Step 1 – October 1st application count, and applications to be verified are pulled and a confirmation review is performed.

Step 2 – Direct verification is attempted for those applications selected.

Step 3 – Those applications unable to be directly verified are sent notification of their selection for verification. Households have 10 calendar days to comply with this first request.

Step 4 – 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.

Step 5 – 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.

Step 6 – The termination of benefits goes into effect, verification is considered complete



Benefits During an Appeal

- Appeals must be made within the 10 calendar days of receiving notice.
 - Original benefit determination remains in place until final outcome of appeal.
 - LEA still claims meals in original benefit category until appeal is complete.





Households That Reapply for Benefits

- If benefits to a household have been **terminated** as a result of verification and the household reapplies:
 - The household is required to submit income documentation or proof of participation in SNAP or TANF prior to approval.
 - These applications are not new applications and cannot not be processed “at face value”.



Step 5 – Student Count

- Last operating day of October – Perform student counts.
- Counts Done at the SITE Level:
 - Electronically direct certified as receiving SNAP
 - Electronically direct certified as receiving TANF, Foster, and those documented as Homeless, Migrant, Runaway, Head Start or Even Start



Step 6 – Complete Verification Summary Report

- **SFA verification process must be completed by November 15.**
 - Application count
 - Student count
 - Households contacted, responses and/or required supporting documents received.
- Results of verification process must be submitted to ISBE by **December 15.**



Important Verification Dates

- October 1 – *Approved Household Application count*
Current years approved applications on file as of October 1.
- Last Operating Day of October – *Student Count*
FREE and REDUCED-PRICE eligible students by category. - Direct certification, categorically eligible, SNAP/TANF, Foster, and income applications.
- November 15
LEA must have verification process completed
- December 15
Deadline for submitting Verification Summary Report





Verification for Cause

- LEAs have an obligation to verify questionable applications, or applications where LEAs have first hand knowledge that information provided is incorrect.
- Applications *verified for cause* are in addition to the required 3% sample size.
- Must follow Steps 2-4 of the Verification Process.
 - Step 2 – Conduct Confirmation Review
 - Step 3 – Complete Verification
 - Step 4 – Notify household
 - Step 6 – Results of verifications for cause **ARE** submitted as part of the Verification Summary Report.



Contact Information

Nutrition Division

800.545.7892 or 217.782.2491

cnp@isbe.net

ISBE Website

www.isbe.net/Pages/Nutrition-and-Wellness.aspx