

# 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)

# Verification Summary Report Data Collection Form: Step 2

By answering the following questions, you will be collecting the data that is required for Step 2, Questions 1-5.

Data collection: Answer the following questions as of the last operating day of October for each site. Any student found as Directly Verified and extension of benefits due to Directly Verified students, should be reported on this step according to the type of benefit assistance they receive.

**Complete one worksheet for each site and enter total student count for Columns 1, 2, 3, 4 and 5.**

Site Name \_\_\_\_\_

## Step 2: Direct Certification – Student Count by Site

### **COLUMN 1:** ELECTRONICALLY DIRECT CERTIFIED

#### **STUDENT COUNT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

**Number of students identified by electronic Direct Certification receiving**

Individual Supplemental Nutrition Assistance Program (SNAP) benefits student count \_\_\_\_\_

Extension of SNAP benefits from any household member student count \_\_\_\_\_

**Total student count**  
Enter this number for Column 1

### **COLUMN 2:** ELECTRONICALLY DIRECT CERTIFIED BENEFITS- FREE MEDICAID

**Number of students identified by electronic direct certification receiving Free Medicaid Benefits:**

Individual FREE Medicaid benefit student count \_\_\_\_\_

Extension of FREE Medicaid benefits from any household member student count \_\_\_\_\_

**Total Student Count**  
Enter this number for Column 2

### **COLUMN 3: ELECTRONICALLY DIRECT CERTIFIED or DOCUMENTATION OF BENEFITS**

#### **Number of students identified by electronic direct certification receiving:**

Individual Temporary Assistance for Needy Families (TANF) benefits student count \_\_\_\_\_

Extension of TANF benefits from any household member student count \_\_\_\_\_

Individual Foster child directly certified student count \_\_\_\_\_

#### **Number of individual student(s) documented as:**

Homeless by district Homeless liaison student count \_\_\_\_\_

Migrant by migrant coordinator student count \_\_\_\_\_

Runway student count \_\_\_\_\_

Foster child certified by Foster care agency student count \_\_\_\_\_

Head Start student count \_\_\_\_\_

**Total Student Count**  
**Enter this number for Column 3**

### **COLUMN 4: ELECTRONICALLY DIRECT CERTIFIED REDUCED MEDICAID**

Individual REDUCED Medicaid benefit student count \_\_\_\_\_

Extension of REDUCED Medicaid benefits from any household member student count \_\_\_\_\_

**Total Student Count**  
**Enter this number for Column 4**

### **COLUMN 5: STUDENT COUNT BASED ON WRITTEN DOCUMENTATION OF SNAP BENEFITS**

A copy of the individual letter/documentation should be submitted to [cnp@isbe.net](mailto:cnp@isbe.net)

**Total Student Count**  
**Enter this number for Column**

# Verification Summary Report Data Collection Form: Step 3

By answering the following questions, you will be collecting the data that is required for Step 3, Questions 1-16.

## Step 3: Standard Verification Summary Report

### Section 1: Total Schools, Residential Child Care Institutions (RCCIs) AND Enrolled Students. All SFAs, must report Section 1

#### Question 1:

Total school sites (including CEP sites) Do not include RCCI sites.

Total student enrollment (including CEP students, do not include RCCI students)

  

#### Questions 2-4 For RCCI ONLY (Non- RCCI enter zero)

#### Question 2:

Total number of RCCI sites ONLY (Do not include school sites from Question 1)

Total student enrollment of RCCI sites ONLY

  

#### Question 3:

Of the total RCCI sites from Question 2 above, how many have day students:

Total number of student(s) enrollment of RCCI sites with day students

  

#### Question 4:

Of the total RCCI sites from Question 2 above, how many do not have day students

Total number of student(s) enrollment of RCCI sites without day students

  

Question 5: Total number of enrolled students from Questions 1 and 2 auto fills

### Section 2: For Community Eligibility Provision (CEP) ONLY

#### Question 6:

Total number of CEP site(s)

Total number of students enrolled in CEP site(s)

**Section 3:** Students Approved as FREE that were not subject to Verification. Questions 7-10 will autofill from Step 2, Column 1-5.

**Section 4:** Students approved as FREE or REDUCED PRICE eligible through use of a Household Eligibility Application. Questions 11-15 column (A) will autofill based on data entered on Step 1, Questions 1-5. Enter data below for students receiving benefits based on approved applications as of the last operating day of October.

**Question 11-13:**

Total number of student(s) approved as FREE eligible as of the last operating day of October

**Question 11:**

Number of students approved through use of a SNAP or TANF ID number being provided, and Foster child applications NOT electronically direct certified students.

**Question 12:**

Number of students approved as FREE based on household size and income information

**Question 13:**

Number of students approved as REDUCED based on household size and income information

**Question 14:**

Total number of application(s) autofill

**Question 15:**

Total number of students approved autofill

**Section 5:** Total number of students eligible for FREE or REDUCED-PRICE meals

**Question 16: Total number of students from Section 3 and 4**

Total number of students from section 3 and 4, lines 10 and 15, autofill

# Verification Summary Report Data Collection Form: Step 4

## Step 4: Verification Results

### Question 1:

Was the process of verifying household applications performed and completed by the U.S. Department of Agriculture's Nov. 15 deadline?

Select the correct response:

- Yes, completed by Nov. 15
- Yes, but completed after Nov. 15
- No, Verification was NOT performed; OR the process was not completed

### Question 2: Autofill from Step 1 data reported

### Question 3:

In addition to the applications listed on Question 2 above that were required to be verified, how many applications were verified for cause on or before Nov. 15?

### Question 4: Autofill from Questions 2 and 3

### Question 5:

Was the Direct Certification system accessed, and was the Direct Verification link used to attempt to directly verify applications?

- Yes
- No

All SFAs are required to attempt to directly verify ALL applications selected for Verification.

### Question 6:

How many of the applications selected for Verification were able to be directly verified?

How many students were verified as a result of using direct Verification?

Lines 7-8 will autofill

### Question 9-13:

Report results according to the outcome of verification of household eligibility applications. The number of applications must be equal to the auto calculated number in line 8. All other boxes must contain a zero.