# **Verification & Error-Prone Applications**

### **Important Terms**

#### **Pool**

Total number of applications that are approved for meal benefits and not found in direct certification files

#### Sample

Calculated 3% of the application pool (i.e., the number of applications that must be randomly selected for Verification)

Error-prone income applications are the <u>priority</u> when selecting applications for the Verification process.

- If the 3% sample is <u>less</u> than the total number of errorprone applications, randomly select from the errorprone applications only.

- If the 3% sample is <u>more</u> than the total number of error-prone applications, all error-prone applications must be selected for Verification and any other applications needed to reach the 3% sample must be randomly selected from the application pool.

## **Identifying Error-Prone Applications**

Error-prone applications meet the following:

- 1. Applications are approved based on household size and income AND
- 2. Are <u>above or below free income guidelines</u> by the following amounts, or <u>below reduced income guidelines</u> by the following amounts\*

Weekly: \$23.07

• Every two weeks: \$46.15

• Twice per month: \$50

• Monthly: \$100

Annual: \$1200



\* Error-prone guidelines typically do not change from year to year.

Compare household income to the current school year's <u>Income</u> <u>Eligibility Guidelines</u> to determine if the application is considered error prone.

It is recommended to check if income applications are error-prone during the initial eligibility determination



Check the box on the top right of the Household Eligibility Application to indicate the application is error-prone

SCHOOL USE ONLY				
Check if Error Prone Application				

APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT  Complete one application per household, per school district. Instructions on the back of this form.						
1. All Household Members (Attach another sheet of paper if necessary)						
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(Include school name and grade if household member is a student.)  School Name Grade		SNAP OR TANF CASE NUMBER ON Y 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.	eneck if Foster Child*		