Verification of Eligibility for School Meals

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

Illinois State Board of Education
Nutrition Division
Community Eligibility Provision (CEP) districtwide

.....there is no need to conduct verification and no household eligibility applications.
Terms- Certification

- **Certification**: approval of household eligibility application.
Terms - Determination

- **Certification** - approval of household eligibility application.

- **Determination** - review of household eligibility application - **Determining Official**
Terms- Confirmation

- **Certification** - approval of household eligibility application.

- **Determination** - review of household eligibility application - Determining Official

- **Confirmation** - second review of household eligibility application by a different staff person, “second set of eyes” - Confirming Official
**Verification** = reconfirmation of eligibility for FREE and REDUCED-PRICE meals under the NSLP and SBP

- Verification for a household eligibility application
- 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.
Terms- Verification for Cause

• Local Education Agencies (LEA) 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.
Household Eligibility Applications
## Household Eligibility Applications

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Terms - 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.
Verification Process

October 1
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
### What is Categorically Eligible?

**Students Directly Certified as:**
- SNAP or extension of benefits
- TANF or extension of benefits
- Medicaid or extension of benefits
- Homeless
- Foster

**Students documented as:**
- Head Start
- Homeless
- Migrant
- Runaway

Categorically Eligible do not require verification
Verification Process

October 1st – December 15th

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)
Step 1 – Application Count

October 1
Or first working day in October

• Step 1 – Application Count, (PAPER)
• Step 2 – Conduct Confirmation Review
• Step 3 – Complete Verification
• Step 4 – Notify Household of Results
• Step 5 – Student Count
• Step 6 – Submit Verification Summary Report (VSR)
Step 1 – Application Count

October 1

Or first working day in October

Step 1 – Application Count, (PAPER)

– Establish Pool = total number of applications that are approved for meal benefits and not found in direct certification files.

– Select Sample = calculate 3% of pool and randomly select applications.
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.
Step 2 – Confirmation Review

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)
Step 2 – Confirmation Review
Confirmation Review Tracking

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 ________________

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

Confirmation Review and Verification Tracking Form
Step 3 – Complete Verification

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)
Sample collection- Application selection process

– Determine sample size (3%)
– Check error prone applications
– Select first from error prone applications,
  • When sample size is less than the number of error prone application, randomly select the sample
  • When the sample size is greater than the number of error prone applications, use all error prone applications and complete sample by randomly selecting from remaining applications on file.
– If there are no error prone applications, select sample at random from application pool
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, 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

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, 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 button]
Step 3 – Complete Verification

• Applications that are not found in the direct verification file must now be followed up with the family.

• ISBE and USDA have sample letters to households

  “We must verify your application”

• Family will submit documentation to support the application.
Illinois State Board of Education

Whole Child ● Whole School ● Whole Community

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The Illinois State Board of Education must be informed of any conditions that may render your child ineligible for free or reduced-price meals. If you do not provide the information requested in the application, your child may not be provided free or reduced-price meals. Non-Discrimination Statement: This regulation is intended to assure that no student who is eligible for free or reduced-price meals is denied the benefits to which he or she is entitled because of the student’s race, color, national origin, sex, disability, or age. Any individual who believes that a violation of this regulation has occurred may file a complaint with the United States Department of Agriculture, or any state or local government agency that is responsible for monitoring or enforcing this regulation. The complaint should be in writing, addressed to: USDA, Director of Civil Rights, Office of the Assistant Secretary for Civil Rights, US Department of Agriculture, 1400 Independence Avenue, SW, Washington, DC 20250-9410, and must be filed not later than 180 days from the date on which the alleged violation occurred.

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Date

We require you to verify your application.

We are checking your Household Eligibility Application. If we are unable to verify that you meet the income guidelines, you may be required to provide additional documentation or to reapply.

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If you wish to withdraw your application or make changes, you must notify us in writing before the deadline for receipt of applications.

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Use the reverse side if necessary.

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A. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.

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B. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.

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C. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.

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D. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.

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W. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.

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X. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.

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Y. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.

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Z. If you are withdrawing or changing your application, you must notify us in writing before the deadline for receipt of applications.
Confirma tu calificidad para menús de baja/precio reducido

Estimado/a

Tu solicitud fue aprobada cuando estábamos recibiendo solicitudes. Aquí tiene la lista de menú con precios reducidos.

Los menús se entregarán durante la semana del 1 de julio. Si no puede ir a recoger el menú, te enviaremos la información por correo electrónico.

Si tienes alguna pregunta, por favor contáctame en [nombre y número de teléfono].

Atentamente,
[Nombre]
Confirm Your Eligibility for Free/Reduced Price Meals

Dear [Surname],

Your application was approved a little while ago, and your children (list 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 send 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 FDPR 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 [phone number] or by email at [email address].

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 P.L. 1987 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 return.

How to Show Eligibility for Free or Reduced Price Meals:

Please provide the following information. All documents can be dated from [date], 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 FDPR at the time of application, or any time since?

IF YES, please send us your [State SNAP], [State TANF], or FDPR Certification Notice that shows dates of certification. OR, you can send a letter from the [State SNAP], [State TANF], or FDPR 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, migrant or runaway coordinator at [phone number] or [email address]] for help.

2. Your child is a foster child: Send documentation that verifies your child is the legal responsibility of the agency and court. OR, provide the care 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. 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 stubs or pay envelopes 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 tax papers, such as ledger or tax books.
- Social Security, Pension, or Alimony: 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.
- 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 the income 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 Housing Privatization 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 address] or in the reply to this letter.
- Bring a photo of this letter (OR the name(s) of the school program(s) that attend <school district>) to the school office.
- Send original documents by mail to [address] to drop off the documents. Bring this letter with you.

If you have any questions, please contact [school name] at [phone number] or [email address].
https://www.fns.usda.gov/school-meals/verification-toolkit
Verification Tools

- Take pictures of the requested documents with your phone/camera and email them to <<e-mail>>. (Be sure to include the name(s) of your children that attend <<school district>> in the email.)

- Mail documents, along with a copy of this letter, to <<address>> using the envelope provided. If possible, send copies rather than original documents. You may also fax your documents to <<(xxx) xxx-xxxx>>.

- Come in person to the office located at <<address>> to drop off the documents. Bring this page with you.

Send information in any of these ways!
Verification Tools

How to respond to your verification request

Question 1: Do you or someone in your household receive SNAP, TANF, or FDPIR now or at any time since you applied?

No

Yes

Please send us your SNAP, TANF, or FDPIR Certification Notice 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.

Question 2: Is your child homeless, migrant, or runaway?

No

Yes

Contact your school, homeless liaison, or migrant coordinator at (xxx)-xxx-xxxx or email for help.

Send documentation for either the month before you applied for school meal benefits, or any month since. The documents must show:
- Name of person who received the income
- Date received
- Amount received
- How often it was received

Acceptable documents for showing household income:
- W2: Wage and Tax Statement of earnings and remuneration
- Bank Statement: shows earnings and remuneration
- 1099: shows earnings and remuneration
- 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
- Veteran’s Pension: Letter from the VSO 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 Information: Letter or rental contract showing that your housing is part of the military Housing Initiative.

If you do not have income, please write a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

Check out the back to see how you can submit your information.

Whole Child ● Whole School ● Whole Community
Verification Tools

Submit your verification documents without a trip to the post office or school! Use the camera on your phone or tablet to take pictures of them and e-mail the pictures and your child’s name to [email@schooldistrict.edu]

Be sure to submit your information by [Month] [xx], 20[xx]

Presente sus documentos de verificación sin necesidad de acercarse a la escuela o a la oficina de correos! Utilice la cámara de su teléfono o tableta para tomar fotografías de estos documentos y envíe las fotografías y el nombre de su hijo/a por correo electrónico a [email@schooldistrict.edu]

Asegúrese de presentar la información antes del [xx] de [mes] de 20[xx]

You may also submit your information by mail or return it in person at your child’s school. If you decide to send your documents by mail please send them to [address].

If you have questions about the verification process or the types of documents you need to send, contact student eligibility and accountability at [phone number].

También puede enviar su información por correo o presentarla en persona en la escuela de su hijo/a. Si decide enviar sus documentos por correo, envíelos al [dirección].

Si tiene alguna pregunta con respecto a proceso de verificación o los tipos de documentos que debe enviar, comuníquese con [Identidad de Estudiantes y Contabilidad al [número de teléfono]].
Sources of Income

Please provide documentation for income received by members of your household (including children) from all of these sources. If you omitted any of these sources from your application, include them now.

**Earnings from Work**
- Salary or wages from a job
- Tips, commissions, and cash bonuses
- Net income from self-employment

**Earnings from the U.S. Military**
- Military basic pay or drill pay (portion available to the household if deployed)
- Military cash bonuses (excluding combat pay)
- Allowance for off-base housing (including DAH but excluding MMRP)
- Allowance for food or clothing (other than FSSA)

**Public Assistance**
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Housing subsidies (not including those from federal housing programs)

**Alien in a Uniformed Services**

**Alimony and Child Support**

**Retirement Income**
- Social Security retirement or survivor’s benefits
- Railroad Retirement or Black Lung benefits
- Pension income

**Unemployment and Disability**
- Unemployment benefits
- Worker’s compensation
- Strike benefits
- Social Security Disability Insurance (SSDI)
- Veteran’s benefits

**All Other Income**
- Regular cash support from outside the household, including from family or friends
- Rental income
- Interest
- Investment income or annuities
- Any other source of income that you can use to help pay for your children’s school meals

**Child income**
- Child income is money received from outside your household that is paid directly to your children. (Many households do not have any child income.)
- A full-time or part-time job
- Supplemental Security Income (SSI), if the child is disabled
- Social Security benefits for children of a disabled, retired, or deceased parent
- Money regularly received from extended family or friends outside the household
- Money from a pension, annuity, or trust

Whole Child ● Whole School ● Whole Community
Step 3 – Complete Verification

• Processing Documentation
  - Confirm pay frequency
  - Confirm income amount
  - Confirm date of pay period
    - May be the month prior to application or
    - May be the documentation from the time of verification request

  - Recalculate income total

  - Confirm documentation of benefits
    - Foster
    - SNAP
    - TANF
Step 4 – Notify Household

• Step 1 – Application Count
• Step 2 – Conduct Confirmation Review
• Step 3 – Complete Verification
• Step 4 – Notify Household of Results
• Step 5 – Student Count
• Step 6 – Submit Verification Summary Report (VSR)
Step 4 – Notify Household

- **No change to the benefit level**-
  - Notify the household the results of verification do not change the original determination. Notification may be a letter, phone call, or email message. ISBE provides a sample letter to households which may be used for notification.

- **Benefits increase (reduced to free)**-
  - Notify the household and change the benefits of all children in the household no later than three operating days. ISBE provides a sample letter to households which may be used for notification.
Step 4 – Notify Household

• **Benefits decrease*** (free to reduced)
  – Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent. ISBE provides a sample letter to households which may be used for notification.

• **Termination of benefits*** (free to paid, or reduced to paid)
  – Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent. ISBE provides a sample letter to households which may be used for notification.

*Households that are subject to a decrease or termination of benefits may request a hearing. See the ISBE administrative handbook for procedures.
We Have Verified Your Application

Date: ____________________________

Dear: ____________________________

We have checked the information you sent us to prove:

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<th>CHILD NAME (First and Last)</th>
<th>CHILD NAME (First and Last)</th>
</tr>
</thead>
</table>

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 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 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

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 ____________________________.

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

______________________________  ______________________________
Name  Telephone W/Area Code

______________________________
Address (Street, City, State, Zip Code)

Sincerely,
Verification Tracking

<table>
<thead>
<tr>
<th>Verification Tracking Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTRITION AND WELLNESS PROGRAMS DIVISION</td>
</tr>
</tbody>
</table>

**CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM**

**Verification Tracking**

- Date:
- [ ] 30 days have passed since the last verification
- [ ] 30 days have passed since the last verification
- [ ] 30 days have passed since the last verification

**Initial Determination:**
- [ ] Income
- [ ] Ineligible
- [ ] Ineligible
- [ ] Ineligible

**Reason for Change:**
- [ ] Income
- [ ] Ineligible
- [ ] Ineligible
- [ ] Ineligible

**Date Verification Result:**
- [ ] Yes
- [ ] No
- [ ] No
- [ ] No

**Signature of Screened:**

**Date:**

---

Whole Child ● Whole School ● Whole Community
### 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 [Date] (Recommend 10 calendar days from the date the letter was sent.)
- **Household did not respond to first request. Second notice completed** [Date].
  - Response expected [Date] (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:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FREE based on SNAP/TANF case number</strong></td>
<td><strong>FREE based on Income and Household Size</strong></td>
<td><strong>REDUCED-PRICE based on Income and Household Size</strong></td>
</tr>
<tr>
<td><strong>Verification resulted in:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Change</td>
<td>FREE to REDUCED-PRICE</td>
<td>FREE to PAID</td>
</tr>
<tr>
<td></td>
<td>REDUCED-PRICE to FREE</td>
<td>REDUCED-PRICE to PAID</td>
</tr>
<tr>
<td><strong>Reason for change:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income: $</td>
<td>Household Size:</td>
<td>Directly verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incomplete or no response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

### 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):** [Date] (Must be a minimum of 30 calendar days from the date notice of verification result was sent.)

### Signature of Verifying Official

**ISBE 68-21 (7/17)**
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. 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 Process
Timeline July 1st to December 15th

- Start accepting & processing applications: July 1
- Calculate total sample size based on all applications received by October 1st and not found in direct certification files: October 1
- Select 3% sample and send notices to households: August 1
- Follow-up with all non-respondents: August 15
- Completion by of verification activities: November 15
- Submission by of verification summary report in WINS: December 15
- Completion by of verification activities: November 15
- Submission by of verification summary report in WINS: December 15

ILLINOIS STATE BOARD OF EDUCATION | NUTRITION DIVISION | SCHOOL YEAR 2018-2019
Step 5 – Student Count

• Step 1 – Application Count
• Step 2 – Conduct Confirmation Review
• Step 3 – Complete Verification
• Step 4 – Notify Household of Results
• Step 5 – Student Count
• Step 6 – Submit Verification Summary Report (VSR)
Verification Process

Last Operating Day of October

• Step 5 – **Student Count, (PEOPLE)**
  – ALL LEAs must do this
  – Calculate the total number of students receiving benefits due to household eligibility applications and extension of benefits based on application(s)
  – There may be more or less applications on file compared to the October 1\textsuperscript{st} count
Extension of Benefits

- **Household Eligibility Application(s)**
  - Applies to all students receiving benefits based on
    - Household Income,
    - SNAP, or
    - TANF

- **Directly Certified**
  - Applies to all students receiving benefits based on
    - SNAP,
    - TANF,
    - Medicaid

- **Does NOT apply to**
  - Foster
  - Homeless
  - Runaway
Step 6 – Submit VSR

• Step 1 – Application Count
• Step 2 – Conduct Confirmation Review
• Step 3 – Complete Verification
• Step 4 – Notify Household of Results
• Step 5 – Student Count
• Step 6 – Submit Verification Summary Report (VSR)
### Verification Summary Report-VSR

<table>
<thead>
<tr>
<th>Sponsor Tasks</th>
<th>Sponsor Applications &amp; Participation</th>
<th>Site Applications</th>
<th>Claims &amp; Monitoring</th>
<th>Sponsor Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor Tasks</td>
<td>Site Application Tasks</td>
<td>Site Application Tasks</td>
<td>Site Application Tasks</td>
<td>Site Application Tasks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enroll Site In New Program</td>
<td>Edit Site Questionnaire</td>
<td>Edit Program Participation</td>
<td>Edit Participation Detail</td>
<td></td>
</tr>
<tr>
<td>Add New Site</td>
<td>Deactivate/Re-activate Site(s)</td>
<td>Deactivate Sponsor</td>
<td>Waiver Submissions</td>
<td></td>
</tr>
<tr>
<td>N.S.P Verification Summary Report</td>
<td>Direct Certification</td>
<td>Deposited Sites</td>
<td>Claim Data Report</td>
<td></td>
</tr>
<tr>
<td>Summary Reports - Applications Submitted for Sponsor</td>
<td>Summary Reports - Applications Submitted for Sites</td>
<td>Summary Reports - List of Sites and Applications Submitted</td>
<td>No WINS Budgets required</td>
<td></td>
</tr>
</tbody>
</table>
Verification Summary Report - Step 1

Available October 1st

<table>
<thead>
<tr>
<th>Applications Approved for Free or Reduced Price Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>4. TOTAL of all applications</td>
</tr>
<tr>
<td>5. How many of the above applications are error prone income applications?</td>
</tr>
</tbody>
</table>

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

6. Number of Applications to be Verified

Select “Yes” if any of the following are true:

- No applications were counted/collated and included on lines 1 through 3 above
- All Sites are only operating Special Milk Program
- All sites are CEP or other provision
- All sites are MMCs with NO day students
- All sites had no FREE or REDUCED PRICE meal applications as of October 1st
- All sites were able to directly certify all students or document all students as homeless, migrant, runaway, foster or Head Start.

Yes  NA
### Verification Summary Report - Step 2

Available November 1st

---

#### Each directly certified student must only be counted once, and may be included in one box below.

Are ALL sites listed below exempt from performing direct certification due to ALL sites being enrolled in CEP or other Provision?  
- [ ] Yes  
- [x] No

---

#### All boxes must have a numeric character. Enter “0” (Zero) in any fields that do not apply.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>How many students were electronically direct certified as receiving Supplemental Nutrition Assistance Program (SNAP)?</th>
<th>How many students were electronically direct certified as receiving Temporary Assistance for Needy Families (TANF), Medicaid or Foster; OR documented as being Homeless, Migrant, Runaway, Foster, Head Start?</th>
<th>How many students that were determined to be eligible for FCF meal benefits based on providing a SNAP benefits award letter or benefits statement from the SNAP agency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benjamin Harmon Elementary</td>
<td>54</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>John Tyler Elementary</td>
<td>69</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>Franklin Pierce Elementary</td>
<td>74</td>
<td>57</td>
<td>0</td>
</tr>
<tr>
<td>Chester A Arthur Intermediate School</td>
<td>74</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>Millard Fillmore Middle School</td>
<td>59</td>
<td>51</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>330</strong></td>
<td><strong>231</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

---
### Verification Summary Report - Step 3

**All boxes must have a numeric character. Enter “0” (Zero) in any fields that do not apply.**

#### SECTION 1: Total Schools, Residential Child Care Institutions (RCCI’s) AND Enrolled Students

- **A. Number of Sites**
  - 5
- **B. Number of Enrolled Students**
  - 3230

1. Total school sites (including CEP and Provisional sites. Additional information related to CEP and other Provisions will be provided in Section 2). Do not include RCCI sites.
2. RCCI sites ONLY Do not include school sites from Line 1.
3. Of the Total RCCI sites listed on Line 2 above; How many have day students?
4. Of the Total RCCI sites on Line 2 above; How many do not have any day students?

5. Total Number of Enrolled Students on Line 1 and 2: 3230

#### SECTION 2: Community Eligibility Provision (CEP)

- **A. Number of Sites**
  - 0
- **B. Number of Enrolled Students**
  - 0

6. Operating Community Eligibility Provision

---

**Whole Child ● Whole School ● Whole Community**
## Verification Summary Report - Step 3 cont.

### SECTION 3: Students Approved as FREE that were not subject to verification

<table>
<thead>
<tr>
<th>A. Number of Applications</th>
<th>B. Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 4: Students approved as FREE or REDUCED PRICE eligible through use of a Household Eligibility Application (HEA)

<table>
<thead>
<tr>
<th>A. Number of Applications</th>
<th>B. Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 5: Total number of students eligible for FREE or REDUCED PRICE meals

<table>
<thead>
<tr>
<th>A. Number of Students</th>
<th>B. Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Verification Summary Report - Step 4

<table>
<thead>
<tr>
<th>Step 4: Verification Results SY 2019 - 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Counts Saved Successfully</td>
</tr>
</tbody>
</table>

All boxes must have a numeric character. Enter "0" (Zero) in any fields that do not apply or when there is no data to enter.

1. Was the process of verifying household applications performed and completed by the USDA November 15 deadline?
   - The process of verification includes the selection of the sample size, the verifying of meal benefit eligibility of the selected applications, and notifying families/households selected for verification of the results.
   - Yes, completed by November 15
   - Yes, but completed after November 15
   - No, verification was NOT performed. OK, the process was not completed
   - 3

2. Total number of applications that were required to be verified as part of the 3% sample size.
   - 0

3. In addition to the applications listed on Line 1 that were required to be verified, how many applications were verified for cause on or before November 15?
   - 3

4. Total number of applications from lines 2 and 3, verified on or before November 15.
   - 3

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

6. Was the Direct Certification system accessed, and was the Direct Verification link used to attempt to directly verified applications?
   - Yes
   - No

7. How many of the applications from line 4 were able to be directly verified?
   - 0

8. The total number of applications to be verified from line 4 is 3. Of those, 0 were reported on line 6 as being directly verified.
   - 0

9. The remaining applications unable to be directly verified that are to be reported below on lines 9 through 12 is:
   - 3

Whole Child ● Whole School ● Whole Community
### Verification Summary Report - Step 4 cont.

Do not include applications/students in this section that were able to be directly verified. Applications that were able to be directly verified were reported on line 2 above.

<table>
<thead>
<tr>
<th>Verification Results</th>
<th>A. Applications originally approved as <strong>FREE-ELIGIBLE</strong> based on SNAP/TANF, and applications that <strong>ONLY</strong> have a FOSTER CHILD(REN)</th>
<th>B. Applications originally approved as <strong>FREE-ELIGIBLE</strong> based on Income/Household Size</th>
<th>C. Applications originally approved as <strong>REDUCED-PRICE ELIGIBLE</strong> based on Income/Household Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Responded to Change No Change</td>
<td>Number of Applications 0</td>
<td>Number of Students 0</td>
<td>2</td>
</tr>
<tr>
<td>10. Responded Changed to Free</td>
<td>Number of Applications 0</td>
<td>Number of Students 0</td>
<td>3</td>
</tr>
<tr>
<td>11. Responded Changed to Reduced Price</td>
<td>Number of Applications 0</td>
<td>Number of Students 0</td>
<td>0</td>
</tr>
<tr>
<td>12. Responded Changed to Paid</td>
<td>Number of Applications 0</td>
<td>Number of Students 0</td>
<td>0</td>
</tr>
<tr>
<td>13. Did not Respond Changed to Paid</td>
<td>Number of Applications 0</td>
<td>Number of Students 0</td>
<td>0</td>
</tr>
</tbody>
</table>
Verification Summary Report - Step 5

Step #5: Submit Application SY 2019 - 2020

Application Counts Saved Successfully

VSR Submitted Successfully on 12/13/2019 3:38:52 PM by test1234

Once the online Verification Summary Report is submitted, no further changes can be made. If changes need to be made after submission, please email the necessary changes to cnp@isbe.net.
Contact Information

Illinois State Board of Education
Nutrition Division
800.545.7892 or 217.782.2491
cnp@isbe.net