Verification Process and and Verification Summary Report





Agenda

Who needs to conduct verification process?

What is verification and how to count applications to determine 3%

Submitting Verification Summary Report-Step 1

Conducting verification by collecting household documentation

Examples and activities



Who Conducts Verification?



USDA requirement for all Local Education Authorities (LEA) who approve meal benefits by using Household Eligibility Applications (HEA)



LEAs participating partially in Community Eligibility Provision (CEP) must do verification for the HEAs collected in non-CEP schools.



LEAs participating district wide in CEP do not collect HEAs and are exempt from the verification process and reporting annually.

Terminology— What's the Difference?

Direct Certification

Certification

Verification



Direct Certification

Annual and monthly files provided by ISBE identifying individual students who receive benefits from:

- IL Dept of Human Services (SNAP or TANF)
- IL Dept of Healthcare and Family Services (Medicaid)
- IL Dept of Family Services (Foster)
- Public School Districts-
 - Annual File-July 1
 - Monthly August to June
 - File Upload
 - Single Child Match
- Non-Public School Districts-
 - File Upload
 - Single Child Match



Certification

Annual Certification Process:

- 1. Distribution of HEA beginning July 1 to households not directly certified
- 2. Collection of HEAs throughout the school year
- 3. Approval of HEAs
- 4. Confirmation of approval of HEAs, optional
- 5. Household notification



Certification

Certifying Official-

A district employee responsible for the distribution and approval process for HEAs

Confirming Official-

A district employee, not the certifying official, who reviews applications after determinations



Verification= USDA requires 3% of approved HEAs collected July 1- Oct 1 each school year be confirmed as accurately approved/certified by LEAs for meal benefits.



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Direct Verification= Verification process is complete for households found in ISBE direct verification files during the verification process. Direct verification should be checked prior to contacting households to collect documentation.



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Verification for Cause= requires LEAs to verify any questionable application including, on a case-by-case basis, when the LEA is aware of additional income or persons in the household. This is in addition to the 3% requirement. May be conducted at anytime during the school year.



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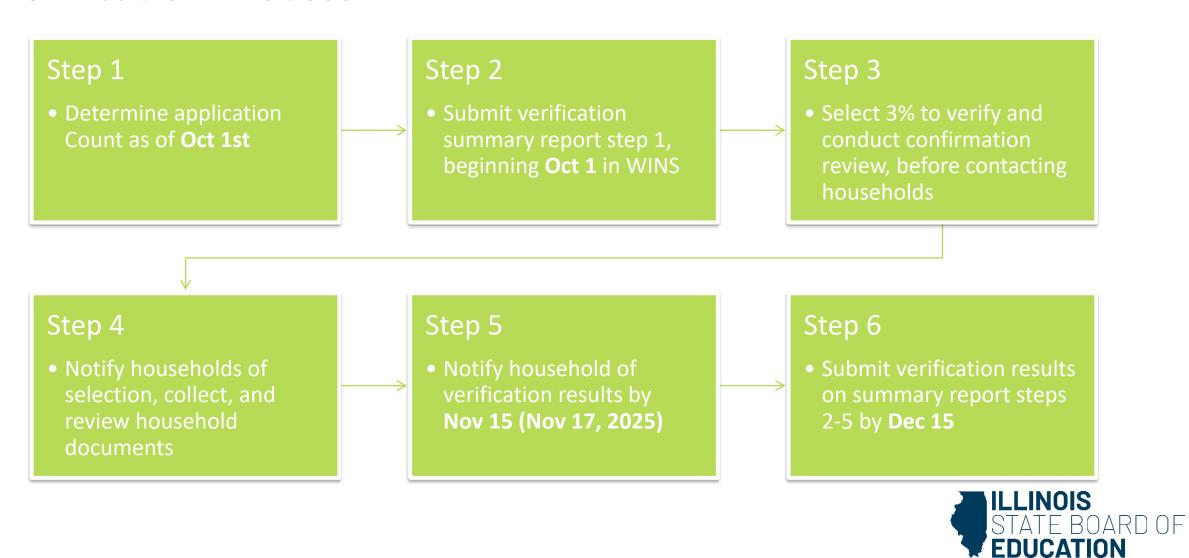
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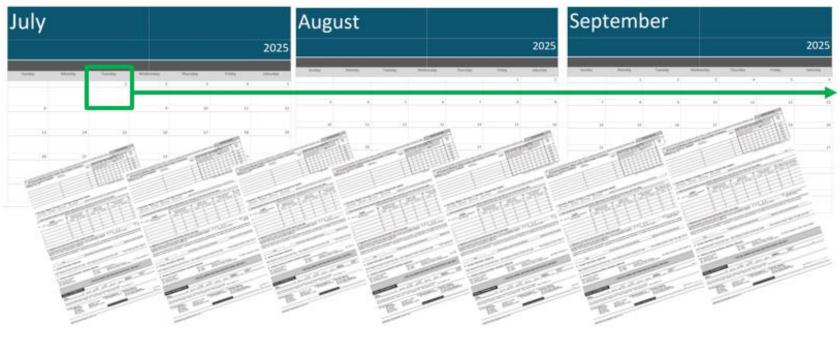
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Verification Process

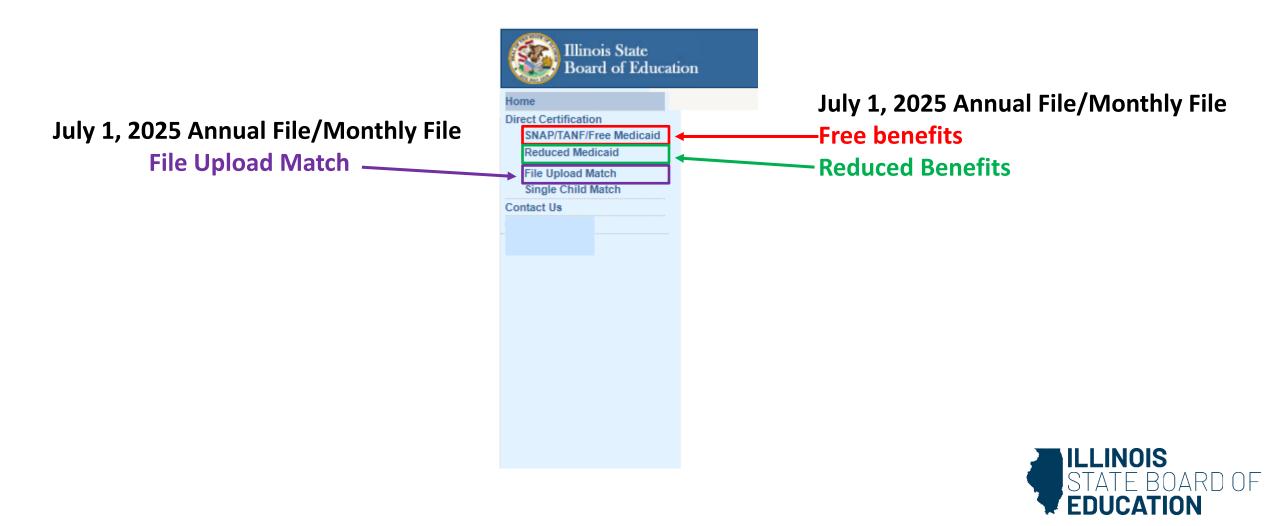








Use Direct Certification System



Direct Certification File Upload Match



Annual Direct
Certification Files
July

Monthly Direct
Certification Files

August September October

Download File

Each public school district LEA will have a download file named Annual. This file is created one time per year (early July) by ISBE to compare students enrolled in the Student Information System (SIS) with the current SNAP/TANF/IMEDICAID/FOSTER file. Public school districts are encouraged to update student eligibility using the Annual file first.

A Monthly file is created for all public schools the first of the month for each month thereafter (September – June). The August file will compare to the previous school year SIS records. The September- June Monthly file will compare to the current school year SIS records. A zero record match may result from either no new matches or a district not having a current school year SIS record. Each Monthly file is NOT a cumulative file, and must be used in conjunction with the Annual Report.

If any LEA uploads a file with student information to match to the SNAP/TANF database, the download file(s) will be named Sponsor File with the appropriate date.

For each file, the LEA must maintain the documentation from the Printed Report. The option to Download the data is available to ease transfer of data into another computer program.

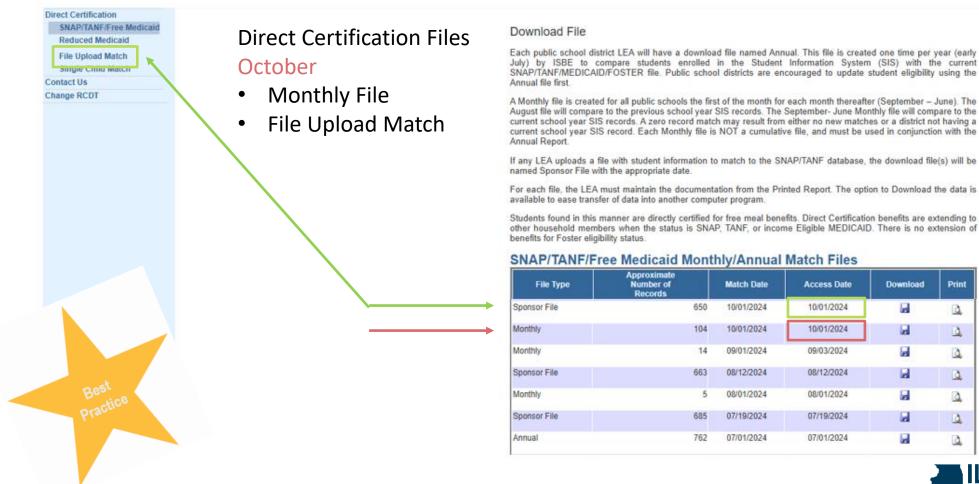
Students found in this manner are directly certified for free meal benefits. Direct Certification benefits are extending to other household members when the status is SNAP, TANF, or income Eligible MEDICAID. There is no extension of benefits for Foster eligibility status.

SNAP/TANF/Free Medicaid Monthly/Annual Match Files

File Type	Approximate Number of Records	Match Date	Access Date	Download	Print
Sponsor File	650	10/01/2024	10/01/2024		a
Monthly	104	10/01/2024	10/01/2024	Ed.	1
Monthly	14	09/01/2024	09/03/2024		a
Sponsor File	663	08/12/2024	08/12/2024	la l	1
Monthly	5	08/01/2024	08/01/2024		4
Sponsor File	685	07/19/2024	07/19/2024		Q
Annual	762	07/01/2024	07/01/2024	la la	a



Direct Certification File Upload Match



Use Direct Certification System

Free Benefits



Before counting applications of approved pool:

- ✓ Check the direct certification system for the JulyOctober reports.
- ✓ Remove any applications from the pool for students found free on direct certification files and those with extension of free benefits.



Use Direct Certification System

REDUCED Medicaid Benefits

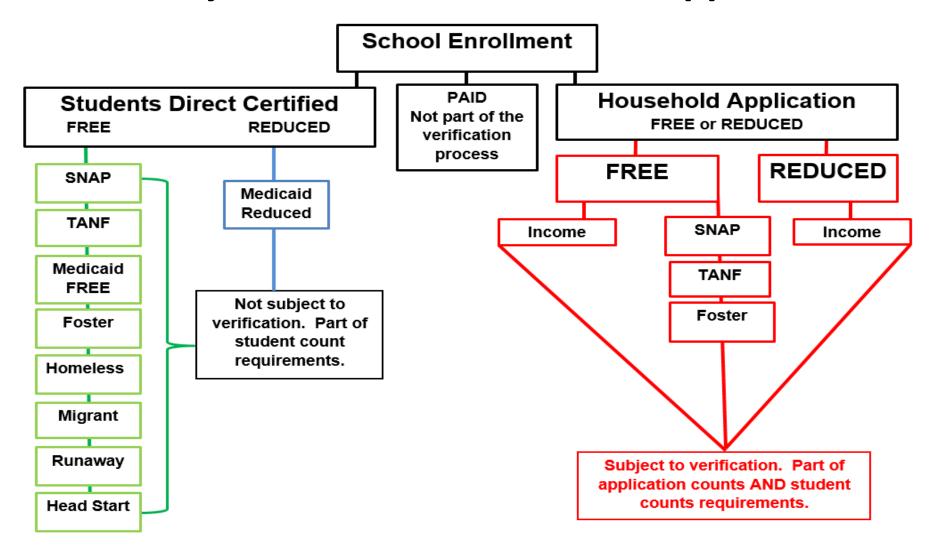
Before counting applications for approved pool:

- ✓ Check direct certification for any income applications approved for reduced benefits.

 Remove the application from the pool for students found REDUCED Medicaid on direct certification files and those with extension of REDUCED Medicaid benefits.
- ✓ If a directly certified **Reduced Medicaid** household is also found directly certified as **SNAP** or **TANF**, change the household to free and count them according to the new determination.
- ✓ If a directly certified Reduced Medicaid household submits and HEA and is approved for free meals based upon income, this application must be included in verification pool. If based on verification there is a change in free status the household returns to reduced eligibility due to finding the student directly certified as Reduced Medicaid.



Directly Certified vs Household Application



Extension of Benefits



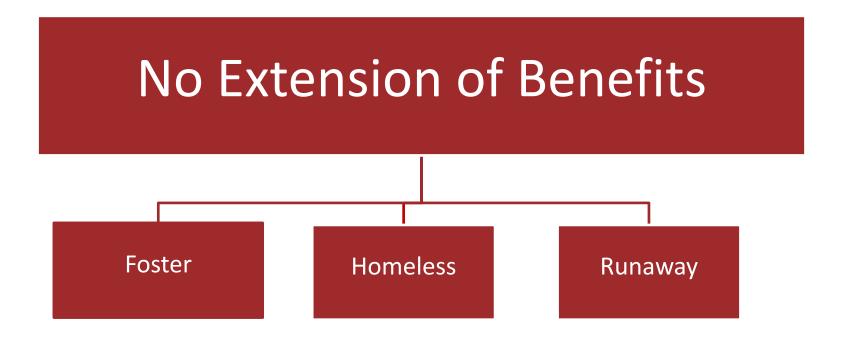


Extension of Benefits





Extension of Benefits





Optional- Data Collection Form



Verification Summary Report Data Collection I	Form: Step 1	
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Step 1: Application Count		
Question 1:		
How many applications were approved based on one of the following in Sections 1 or 2 of HE	EA:	
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)	
	otal on Step 1, Question 1	
Question 2:		
Applications approved for FREE meal benefits based on income data (Section 3)	application(s)	
Enter application to	otal 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)	

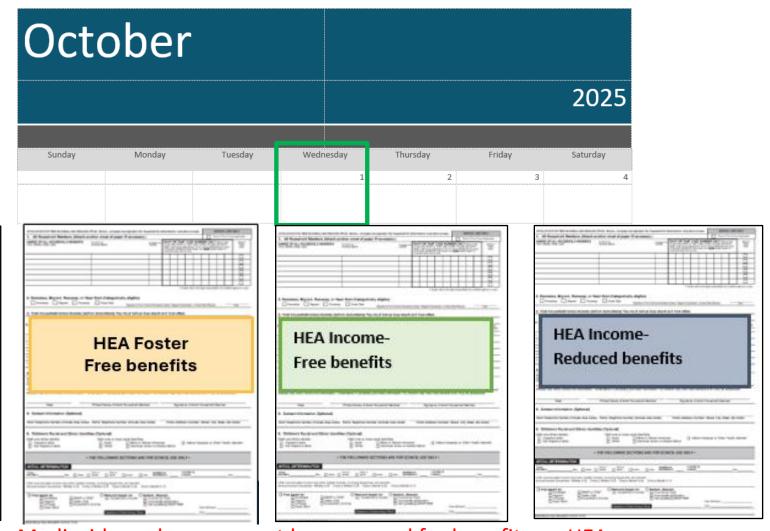
Data Collection Form



Household Eligibility Applications-Activity

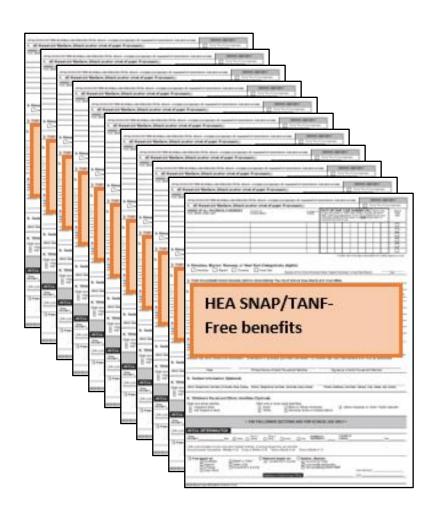
HEA SNAP/TANF-

Free benefits



Note: Medicaid numbers may not be approved for benefits on HEAs.

EDUCATION







Verification Summary Report Data Collection Form: Step 1

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Data collection: Answer the following questions as of Oct. 1 using districtwide data.

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Application(s) for approved for foster child	application(s)
Total applications	application(s)
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Applications approved for FREE meal benefits based on income data (Section 3)	application(s)
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Verification Summary Report Data Collection Form: Step 1

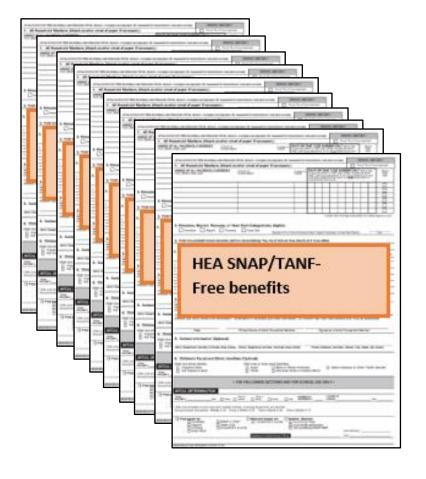
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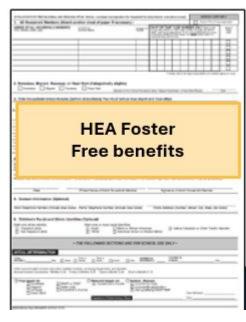
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Verification Summary Report Data Collection Form: Step 1

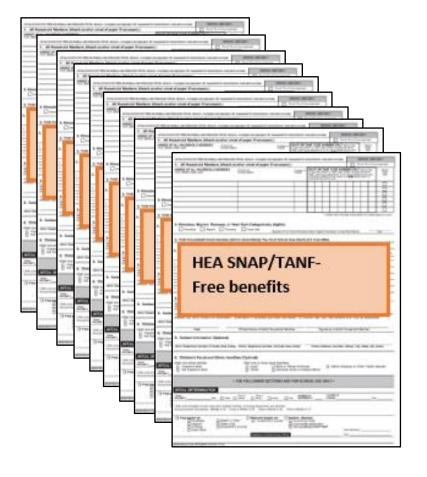
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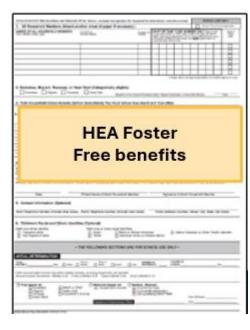
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Application(s) for approved for foster child		application(s)
Total applications		application(s)
Enter application to	otal on Ste	p 1, Question 1
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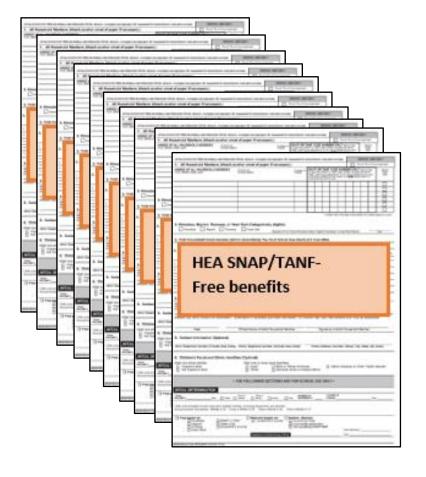
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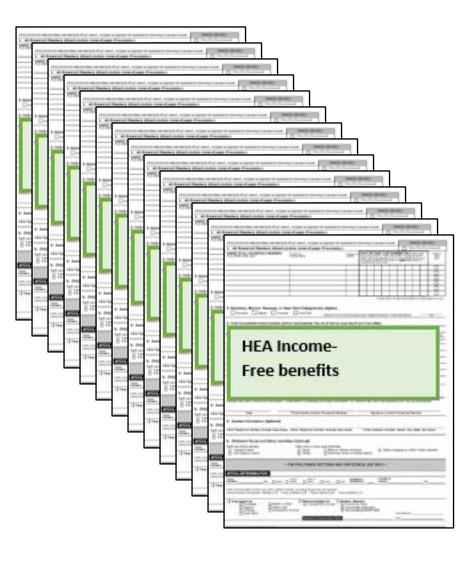
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Application(s) for approved for foster child	_1	_ application
Total applications	12	application
Enter application to	tal on Step	1, Questio
Question 2:		
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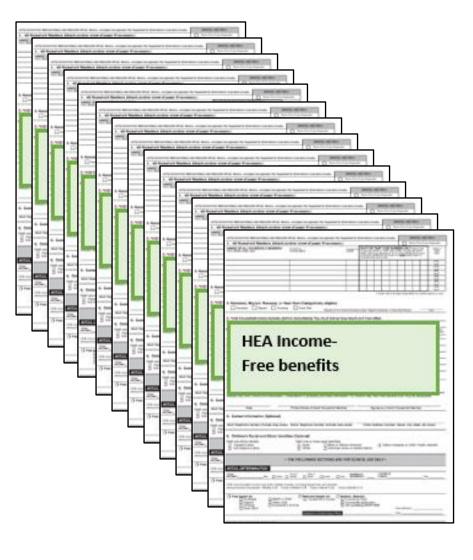
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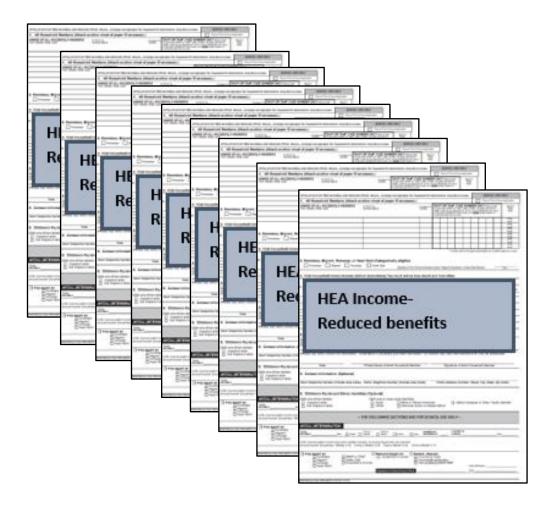
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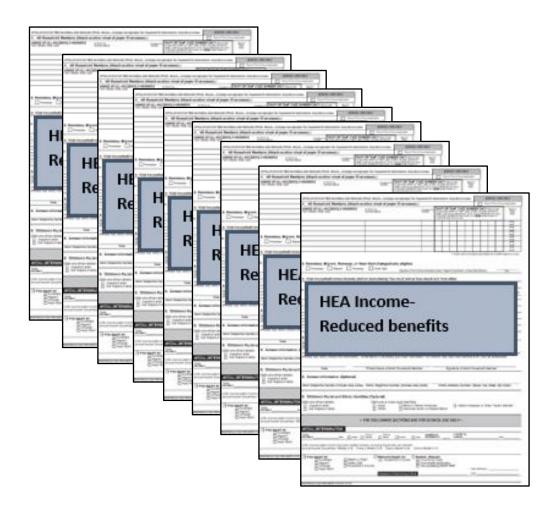
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Application(s) for approved for foster child

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)

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application(s)

Question 4: Will auto calculate total number of applications listed on Questions 1-3

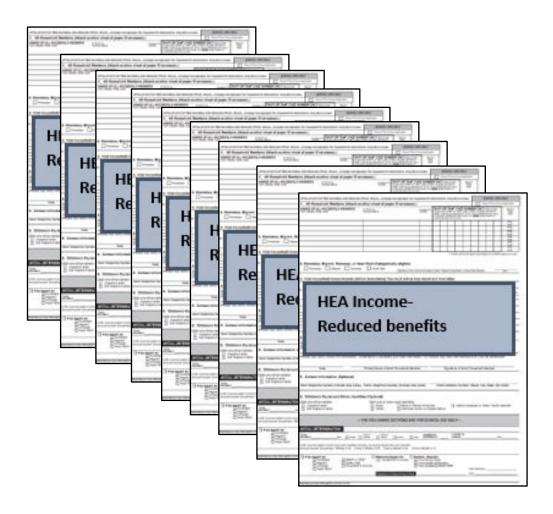


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application(s)

Household Eligibility Applications



Verification Summary Report Data Collection Form: Step 1

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Application(s) for approved for foster child application(s)

Total applications

application(s)

Enter application total on Step 1, Question 1

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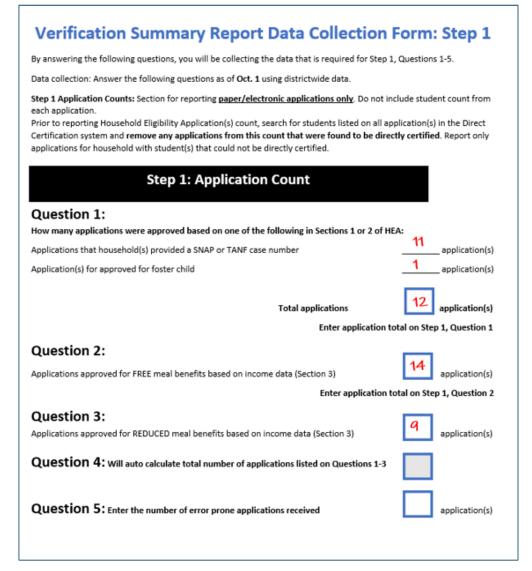


Question 5: Enter the number of error prone applications received



application(s)

Optional- Data Collection Form



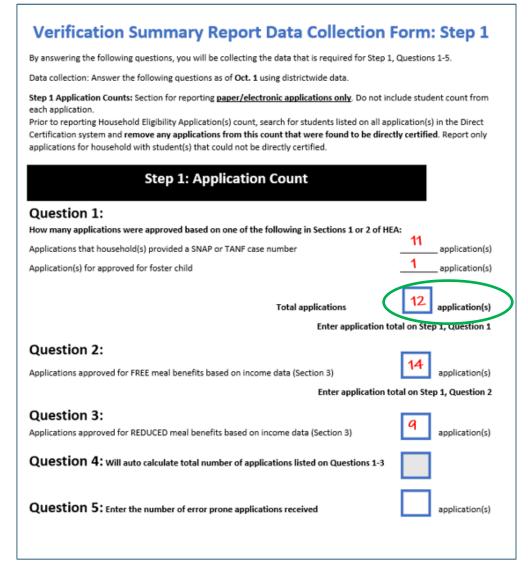


Verification Summary Report-VSR

NSLP Verification Summary Report-Link for Step 1 only appears Oct 1st, Steps 2-5 open Nov 1

Spon	sor Tasks	Sponsor Applications & Participation	Site Applications	Claims	& Monitoring	Sponsor Info		
Administra				rative	Tasks			
Sponsor Tasks				Site Application Tasks				
x	Batch Daily	y Meal Counts		3	Enroll Site In N	lew Program		
x			3	☑ Edit Site Questionnaire				
x	Add/Remove Detail Dates			3	☑ Edit Program Participation			
x	Batch Site	Questionnaire		3	☑ Edit Participation Detail			
x	Batch Site	Participation						
+	Add New S	iite						
×	Deactivate	/Re-activate Site(s)						
×	Deactivate	Sponsor						
A	Review Cit	ation Responses						
B	Supply Cha	ain Assistance (SCA)						
≡	Waivers							
		Reports				E	3udget	
B	Waiver Sub	omissions		No V	VINS Budgets red	quired.		
dil	Application	ns Not Received						
~ <	NSLP Verif	ication Summary Report						
~	Direct Cert	ification						
B	Deleted Sit	tes						
A								
A	Summary F	Reports - Applications Submitted for Sites						
Ø	Summary F	Reports - List of Sites and Applications Sub	mitted					

Optional- Data Collection Form





Verification Summary Report



Step 1: Application Count SY 2025-2026

1 Applications Approved for Free or Reduced Price Benefits

- 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?
- 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?
- 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?
- 4 TOTAL of all above applications
- 5 How many of the above applications are error prone income applications?

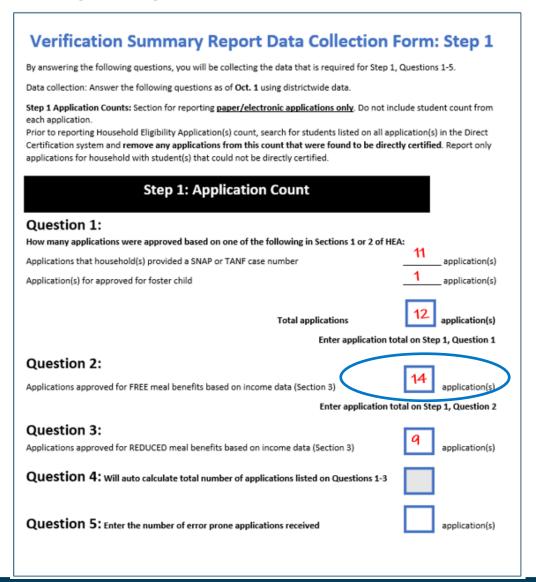
1 Verification Sample Size (3% of Total Applications from Line 4)

6 Number of Applications to be verified



Application(s)

Verification Summary Report





Verification Summary Report



Step 1: Application Count SY 2025-2026

1 Applications Approved for Free or Reduced Price Benefits

- 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?
- 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?
- 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?
- 4 TOTAL of all above applications
- 5 How many of the above applications are error prone income applications?

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

6 Number of Applications to be verified





Verification Summary Report

Verification Summary Report Data Collection F	orm: 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 <u>paper/electronic applications only</u> . Do not incleach application. Prior to reporting Household Eligibility Application(s) count, search for students listed on all applications system and remove any applications from this count that were found to be directly applications for household with student(s) that could not be directly certified.	lication(s) in the Direct				
Step 1: Application Count					
Question 1:					
How many applications were approved based on one of the following in Sections 1 or 2 of HEAR α	: 44				
Applications that household(s) provided a SNAP or TANF case number	application(s)				
Application(s) for approved for foster child	application(s)				
Total applications Enter application tot	application(s)				
Question 2: Applications approved for FREE meal benefits based on income data (Section 3) Enter application to	application(s)				
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



Step 1: Application Count SY 2025-2026

1 Applications Approved for Free or Reduced Price Benefits

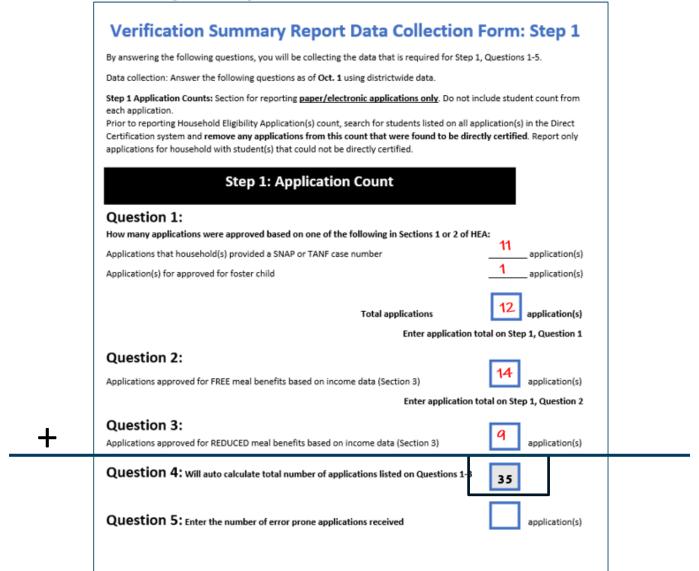
- 1 How many applications did the district have on file that were approved for FREE meal benefits based on providing a valid SNAP or TANF ID number; OR due to the foster child box being checked on the application?
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Verification Summary Report





Verification Summary Report



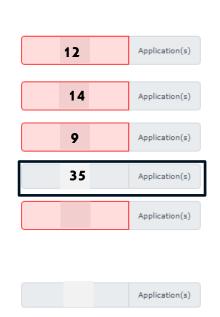
Step 1: Application Count SY 2025-2026

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Verification Summary Report



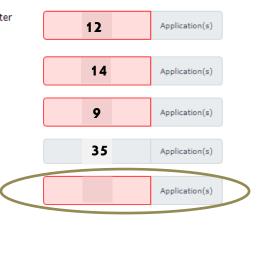
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6 Number of Applications to be verified



Application(s)

Focus of Verification: Error-Prone

- The first priority of the applications selected for the verification process are the *error-prone* FREE and REDUCED-PRICE <u>income</u> applications.
 - To determine if an income application is error-prone, use the current income eligibility guidelines along with the error-prone guidelines.

NOTE: Even though error-prone applications are the first priority, income applications not error-prone, SNAP/TANF, and foster child applications, not found as Directly Certified, should be randomly selected if the number of error-prone applications do not complete the 3% sample.



Error-Prone Guidelines

Approved income applications that are:

- Above or below
 - FREE income guidelines;

OR

- Below
 - REDUCED-PRICE income guidelines

Amount by pay frequency:

- \$23.07/Week
- \$46.15/Every two weeks
- \$50/Twice per month
- \$100/Month
- \$1200/Annually

Error Prone

Error Prone Applications

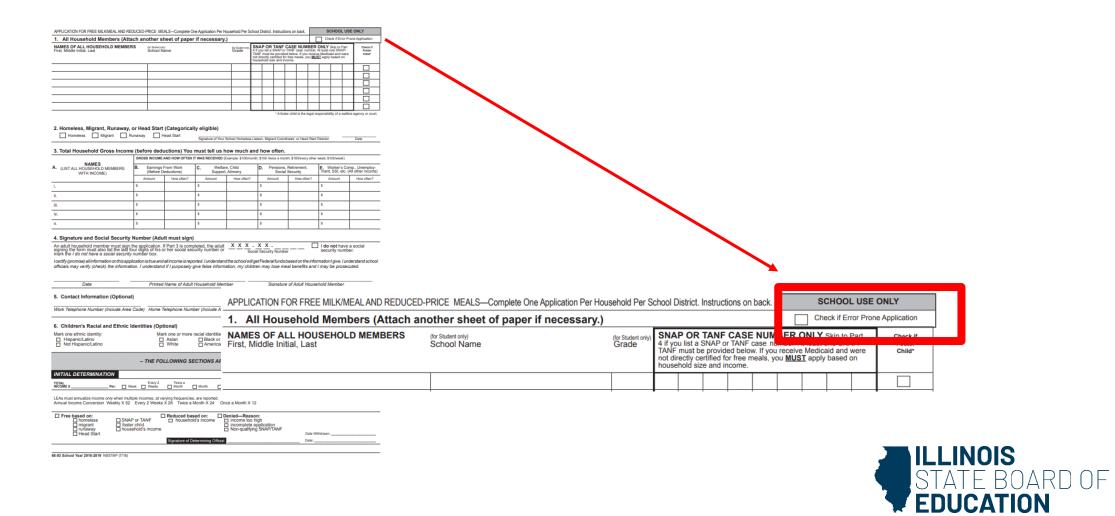
- ➤ When sample is less than the number of error prone applications, randomly select from error prone applications
- ➤ If a sample size is greater than the number of error prone applications, use all error prone applications and randomly select remaining from remaining applications in pool.

No Error Prone Applications

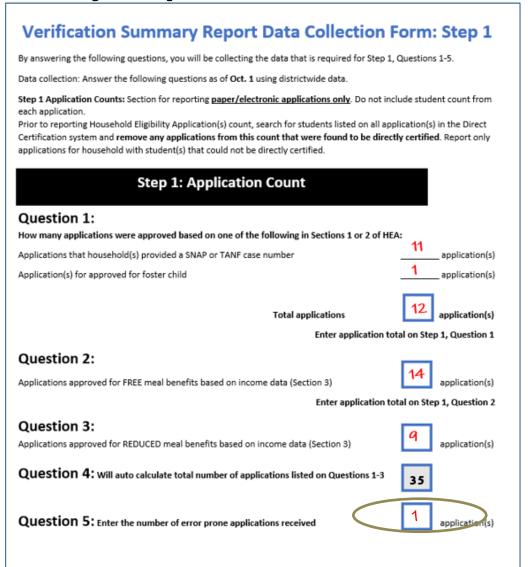
▶If there are no error prone applications, select the sample at random from the application pool.



Error-Prone Guidelines



Verification Summary Report





Verification Summary Report



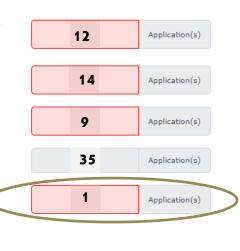
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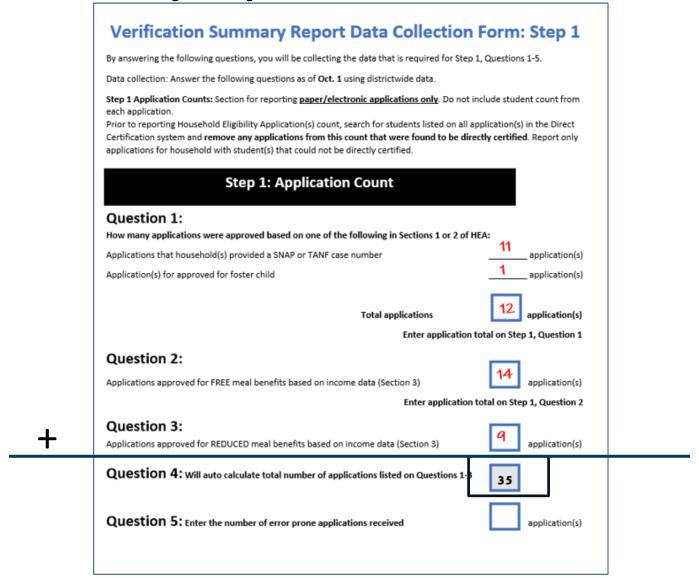
1 Verification Sample Size (3% of Total Applications from Line 4)

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Application(s)

Verification Summary Report





Terms- Pool vs Sample

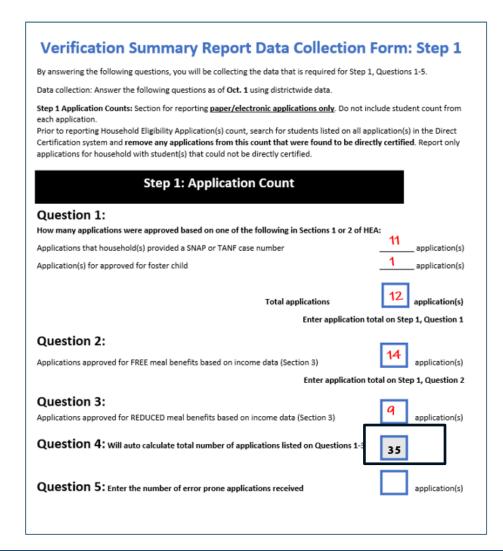


 Pool = total number of applications that are approved for meal benefits and not found in direct certification files.

• **Sample** = calculate 3% of the pool and randomly select applications.



Verification Summary Report



Sample collection-

To determine sample size (3%)

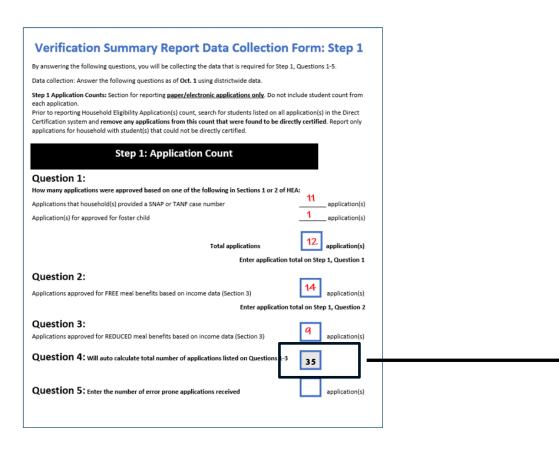
Verification Summary Report in WINS calculates 3%

Or

 Calculate 3% of applications Number of Approved Applications x .03= Sample size

Note: Always round up

Verification Summary Report



Sample collection-

To determine sample size (3%)

Verification Summary Report in WINS calculates 3%

Or

 Calculate 3% of applications Number of Approved Applications x .03= Sample size Note: Always round up

Example:35 applications x.03= 1.05

rounds up to

2 applications to verify

Verification Summary Report



Step 1: Application Count SY 2025-2026

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6 Number of Applications to be verified



Verification Summary Report



Application(s)

Application(s)

Application(s)

Application(s)

Application(s)

Step 1: Application Count SY 2025-2026

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

6 Number of Applications to be verified

We must verify 2 application



12

14

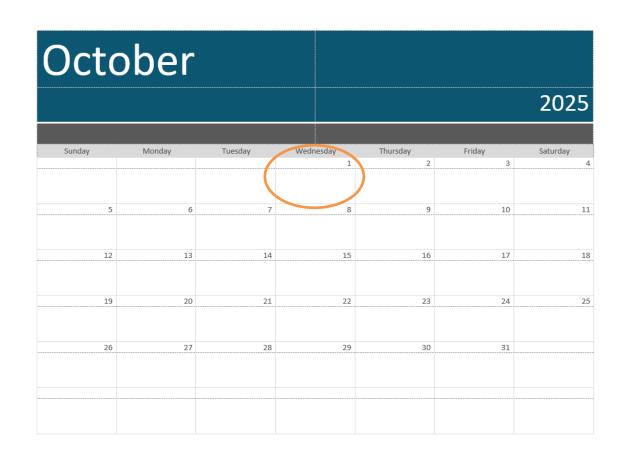
9

35

1

Verification Process







Confirmation Review

- 1. Immediately after the initial review and part of the certification process. This eliminates the need to confirm applications at the time of verification.
- 2. Part of the verification process for all application selected
 - Notify household if eligibility status is changing (increase or decreasing benefits)
 - Make changes as quickly as possible
 - Proceed with verification process



Document Verification Process

100 North First Street, W-270 Springfield, Illinois 62777-0001	ucation	NFIRMATION REVIEW AND IFICATION TRACKING FORM
	NUTRITION DEPARTMENT	
Direct Verification Tracking (For use prior to con	firmation and only for applications selected for v	erification.)
Direct Verification (DV) completed Verification of this application is complete	(Date). (The DV report MUST be pri and should be reported on the Verification Sum	nted and maintained. mary Report.
Confirmation Review (Prior to verification and o	nly for applications selected for verification.)	
Date of Confirmation Review		
 Initial determination was correct, continue 	ed with verification process.	
 Initial determination was incorrect, status correct benefit level. 	MAY need to be changed from FREE to REDUCE	D-PRICE, continued with verification to determine
☐ Initial determination was incorrect, status	needed to be changed from REDUCED-PRICE to	FREE.
Change of benefit level occurred/will	l occur on (Date). (Change r	nust be within 3 days of confirmation review.)
		PRICE to PAID. Households must be given a 10 day
-		
 Change of benefit level occurred/wil 	l occur on (Date).	
Signature of Confirming Official		Date
Verification Tracking		
DV not attempted, OR DV did not yield a n	natch. 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 reques	t. Second notice completed	
	(Recommend 3 business days from ti	
Response expected		•
_		f
☐ Household did not respond completely, Ol	R household did not respond at all by deadline o	i second notice.
Household did not respond completely, Ol	Verification resulted in:	Reason for change:
Initial determination was: FREE based on SNAP/TANF case number		
Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household	Verification resulted in:	Reason for change:
Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size	Verification resulted in:	Reason for change:
Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and	Verification resulted in: No Change FREE to REDUCED-PRICE	Reason for change: Income: 5 Household Size:
Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size	Verification resulted in: No Change FREE to REDUCED-PRICE FREE to PAID	Reason for change: Income: \$ Household Size: Directly verified
Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household Size REDUCED-PRICE based on Income and	Verification resulted in: No Change FREE to REDUCED-PRICE REDUCED-PRICE to FREE	Reason for change: Income: S Household Size: Directly verified Incomplete or no response
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: S Household Size: Directly verified Incomplete or no response
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: S Household Size: Directly verified Incomplete or no response
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 Date verification result was sent or notice of state	Verification resulted in: No Change FREE to REDUCED-PRICE REDUCED-PRICE to FREE REDUCED-PRICE to PAID us change was made:	Reason for change: Income: S Household Size: Directly verified Incomplete or no response
Initial determination was: FREE based on SNAP/TANF case number	Verification resulted in: No Change FREE to REDUCED-PRICE FREE to PAID REDUCED-PRICE to FREE REDUCED-PRICE to PAID us change was made:	Reason for change: Income: S Household Size: Directly verified Incomplete or no response Other:
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 Date verification result was sent or notice of stat Type of notice sent Mail Personal Contact	Verification resulted in: No Change FREE to REDUCED-PRICE FREE to PAID REDUCED-PRICE to FREE REDUCED-PRICE to PAID us change was made:	Reason for change: Income: S Household Size: Directly verified Incomplete or no response



Confirmation Review and Verification Tracking Form

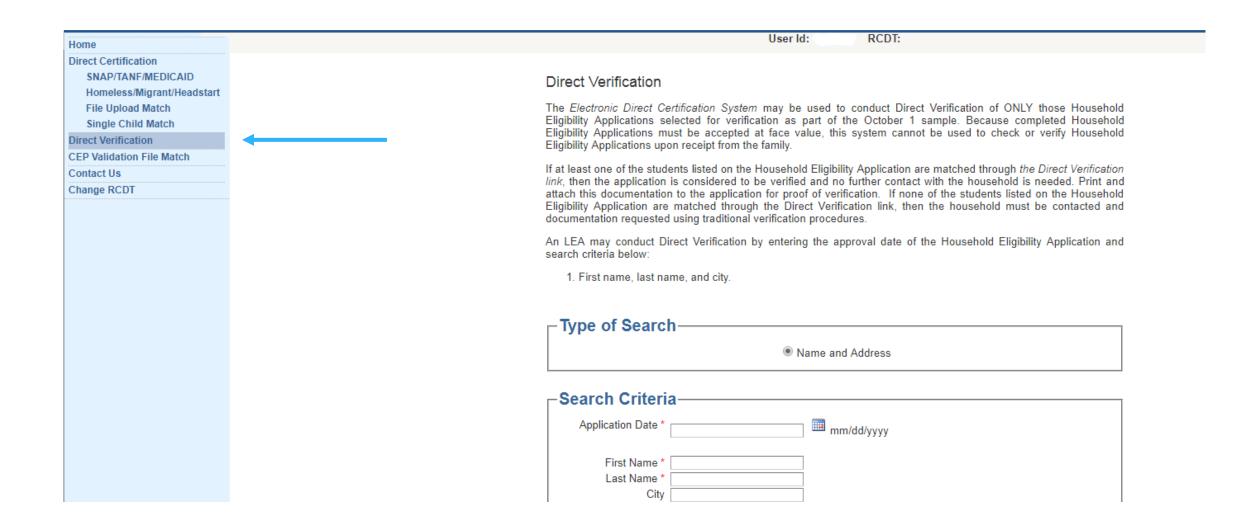
Direct Verification

- 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

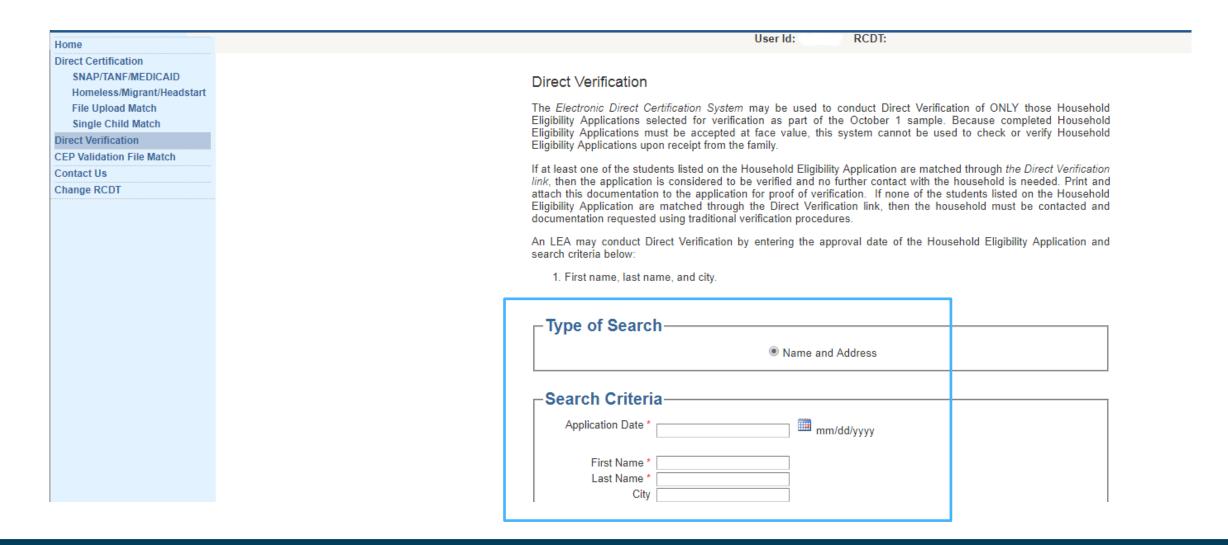




Direct Verification



Direct Verification



Direct Verification Tracking

	State Board of Ed 100 North First Street, W-270 Springfield, Illinois 62777-0001	ucation	NFIRMATION REVIEW AND FICATION TRACKING FORM			
		NUTRITION DEPARTMENT				
	Direct Verification Tracking (For use prior to con-	<u> </u>				
	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 R view (Prior to verification and only for applications selected for verification.)					
	Date of Confirm tion Review					
	Initial determination was correct, continue	ed with verification process.				
Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)						
☐ Direct Verification (DV)	☐ Direct Verification (DV) completed(Date). The DV report MUST be printed and maintained.					
Verification of this appli	ication is complete and :	should be reported on	the Verification Summa	ary F	Report.	
	Change of benefit level occurred/will	l 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					
	Household did not respond to first request. Second notice completed (Date).					
	Response expected	(Recommend 3 business days from the	e 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:]		
	FREE based on SNAP/TANF case number	☐ No Change	Income: \$			
	FREE based on Income and Household Size	FREE to REDUCED-PRICE	Household Size:			
	REDUCED-PRICE based on Income and	☐ FREE to PAID ☐ REDUCED-PRICE to FREE	☐ Directly verified ☐ Incomplete or no response			
	Household Size	The books i made to like				

Must be a minimum of 10 calendar days from the date notice of verification

Print Reset Form

Date verification result was sent or notice of status change was made:

☐ Mail ☐ Personal Contact

Signature of Verifying Official _

ISBE 68-21 (9/19)



Confirmation Review Tracking

State Board of Ed 100 North First Street, W-270 Springfield, Illinois 62777-0001	lucation	CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM		
	NUTRITION DEPARTMENT			
Direct Verification Tracking (For use prior to co	nfirmation and only for applications selected	for verification.)		
Direct Verification (DV) completed Verification of this application is complet	(Date). (The DV report MUST be and should be reported on the Verification	e printed and maintained. Summary Report.		
Confirmation Review (Prior to verification and of Date of Confirmation Rev.	only for applications selected for verification.)		
☐ Initial determination was correct, co	ed with verification process.			
Initial determination was incorrect, statu correct benefit level.	s MAY need to be and from FREE to RED	UCED-PRICE, continued with verification to determine		
☐ Initial determination was incorrect, statu	s needed to be changed from REDUCED-PRIC	E to FREE.		
Change of benefit level occurred/w	ill occur on (Date). (Char	nge must be within 3 days of com		
Initial determination was incorrect, statu notice of change.	s needed to be changed from FREE or REDUC	ED-PRICE to PAID. Households must be given a 10 day		
Change of benefit level occurred/w	ill occur on (Date).		Cor	onfirmation Review (Prior to verification and only for applications selected for verification.)
Signature of Confirming Official		Date	Dot	to of Confirmation Davisus
Verification Tracking			Date	te of Confirmation Review:
DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent(Date).				Initial determination was correct, continued with verification process.
Response expected	(Recommend 10 calendar days f	rom the date the letter was sent.)	П	Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with
Household did not respond to first request. Second notice completed (Date). Response expected (Recommend 3 business days from the date the letter was sent.)			l	verification to determine correct benefit level.
Household did not respond completely, C	OR household did not respond at all by deadli	ne of second notice.	Ш	Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE.
Initial determination was: FREE based on SNAP/TANF case number FREE based on Income and Household	Verification resulted in: ☐ No Change ☐ FREE to REDUCED-PRICE	Reason for change: Income: S Household Size:	•	 Change of benefit level occurred/will occur on (Date). (Change must be within 3 days of confirmation review.)
Size REDUCED-PRICE based on Income and Household Size	☐ FREE to PAID ☐ REDUCED-PRICE to FREE ☐ REDUCED-PRICE to PAID	☐ Directly verified ☐ Incomplete or no response ☐ Other:	l	Initial determination was incorrect, status needed to be changed from FREE or REDUCED-PRICE to PAID. Househol must be given a 10 day notice of change.
Date verification result was sent or notice of sta	tus change was made:		•	Change of benefit level occurred/will occur on (Date).
Type of notice sent				- · ·
☐ Mail ☐ Personal Conta	ct Telephone		Sign	nature of Confirming Official Date
Effective date of status change (If applicable): _ result was sent.)	(Must be a minimum	of 10 calendar days from the date notice of verification		
Signature of Verifying Official		Date		
ISBE 68-21 (9/19)		Print Reset Form		



Verification for: Every type of application

- 1. Do a single child lookup in the direct verification system(s) to confirm they are not already directly verified.
- 2. If a student or any member of the household is found in direct verification system, make and maintain a copy of the report for your records. The verification process for this application is complete, and the household does not need to be contacted.
- 3. If a student nor any household member is found in direct verification systems proceed with verification by contacting the household.



Verification for: Income application

- 1. Request income documentation to support the original application or from anytime until the time of the verification request.
- 2. Review documents received, calculate household income and either confirm the current status or make necessary changes to the benefits based on findings.
- 3. Notify the household of the results of the verification process.
- 4. If no response, make a second request for documents. If there still no response from the household, begin termination process.
- 5. Report on the Verification Summary Report the finding.



Verification for: SNAP/TANF application

- 1. If a student nor any member is found in direct certification nor direct verification systems, proceed with verification by contacting the household requesting documentation of a household member as a recipient of SNAP or TANF benefit.
- 2. When a household submits supporting documentation from the **IL Department of Human Services (IDHS)**, which support the information provided on the HEA, verification process is complete.
- 3. If no documentation or invalid documentation is submitted, begin the termination process changing the student(s) from free to paid.
- 4. Report approval or termination of benefits on the VSR.



Verification for: Foster application

- 1. If student nor any member of the household is found in direct certification or direct verification systems, contact the household to request documentation of foster status.
- 2. When household submits supporting documentation from IL Department of Children and Family Services (DCFS), the verification process is complete.
- 3. Report approval of benefits on the VSR.



Verification for: Foster application cont.

- 4. If no documentation is submitted, you may contact DCFS office in your area to inquire about a student's foster status.
- 5. If no documentation may be obtained, you should begin the termination of benefits process.
- 6. Report termination of benefits on the VSR.



Initial Notification Letter to Households

		100-00-	at Varify Y	r Application			
		We Mu	st Verify You	r Application			
ite:							
ar							
are c	hecking your Household Eligibility	Application. Federal rules require the	at we do this	to make sure only	eligible children get free	e or reduced-p	rice meals. You must send
	ation to prove the child(ren) is/are						
ILD N	AME (First and Last)	CHILD NAME (First and Last)	С	HILD NAME (First	and Last)	CHILD NAME	(First and Last)
_		Use	reverse side i	necessary			
ossibl	e, send copies, not original papers	s. If you do send originals, they will t			sk.		
ı mus	t send the information we need,	or contact			by		or your
ld(ren) will stop getting free or reduce	ed-price meals.	(Name)		(Da	ate)	
1.	If you were getting SNAP or T.	ANF when you applied for free or	reduced-pri	e meals, or at an	y time since then, sen	d us a copy o	f one of these:
		Notice that shows dates of certificati					
		Office that says you have received ent of Human Services medical card			ence identification num	hor	
	If you do not get SNAP or TAN		with appropri	SIE SINAP OF TAIN	case identification num	iber.	
2.	A. Write name of each adult ho						
	NAME (First and Last)	useriola member below.		NAME (First a	vd I get\		
	TVANE (Filst and East)			TEPWIE (Filst a	id Last)		
				_			
		-	Use reverse	side if necessary			
	B. Send this page along with pa	apers that show the amount of mone	ey your house	hold receives from	each source of income	L	
3.	If you choose not to comply w	with our request for verification of	materials, y	ou can inform the	school by:		
	Signing and dating below, ar	nd returning form to school.					
	(Adult House	sehold Member Signature)			(Date)		
	Or by calling	(Manual)	at		(Totachana)		
	Households that choose not to d	(Name) comply OR fail to comply with verific	ation request	will be changed to	(Telephone) paid status.		
	ers you send must show the nar		Send in	ormation to:			
	the income, the date it was received.	eived, how much was received,					
	ble papers include:						
s: Pa	ycheck stub or pay envelope that	shows the amount and how often p	oay is receive	d; letter from empl	oyer stating gross wage	s and how oft	en they are paid; or busines
	g papers, such as ledger or tax bo	oks. t: Social security retirement benefit	lotter stateme	at of bonofite rose	had as papaign award	notice	
		compensation: Notice of eligibility f					er's Compensation.
	Payments: Benefit letter from well			,			
		agreement, or copies of checks rec					
		nformation that shows the amount o Letter or rental contract showing you					
		entation: Please submit papers that					ave this information, you ma
mit pa	apers from time of application up to	time of verification.				,	
nu be	ve questions or need help, please	eell.		at		The	all is free.
A na	re questions or need neity, please	(Name)		at	(Telephone Numb		and not.
cerely							
rmatic have l empl etaliat rmatic ring o n Engl g cus	in or provide incomplete information been treated unfairly. In accordanc oyees, and institutions participating ion for prior civil rights activity in an in (e.g. Braille, large print, audiotape ir have speech disabilities may cont ish. To file a program complaint or Ithmi, and at any USDAOffice, or we	ch Act requires the information reque- ion, your children may no longer receive with Federal drivil rights law and U.S. in or administering USDA programs y program or activity conducted or full A-merican Sign Language, etc.), sha act USDA through the Federal Relay discrimination, complete the USDA and pr title a letter addressed to USDA and pr	ve free or redu- c. Department are prohibited anded by USD ould contact the Service at (80 rogram Discrimovide in the let	ced price meals. of Agriculture (USC I from discriminatir A. Persons with dis e Agency (State or b) 877-8339. Additi- nination Complaint ter all of the informs	Non-Discrimination State A) ovil rights regulations g based on race, color, i abilities who require alte- ocal) where they applied onally, program information Form, (AD-3027) found of titon requested in the form	ment: This exp. and policies, the national origin, mative means for benefits. In on may be mad online at: http:// n. To request a	lains what to do if you believe USDA, its Agencies, office sex, disability, age, or reprisof communication for progradividuals who are deaf, hardle available in languages oth www.ascr.usda.gov/complain copy of the complaint form, co
		or letter to USDA by: (1) mail: U.S. I	Department of	Agriculture, Office	IT the Assistant Secretary	for Civil Rights	i, 1400 Independence Avenu
		(202) 690,7442; or (3) email: program	intoka@usele		n ie an equal oppositualtu	nmuider	
, Was	hington, D.C. 20250-9410; (2) fax:	(202) 690-7442; or (3) email: program	intake@usda		n is an equal opportunity	provider.	Print Reset Form

"we must verify your application"



<<Household ID # >>

Insert a personalized school district photo to add a friendly face to your letter!

Confirm Your Eligibility for Free/Reduced Price Meals

Dear << Susan>>,

Your application was approved a little while ago, and << Bob, Jill, and Sara>> should already be receiving free or reduced price meals.

However, there is one last step you need to take - please send us documents to confirm your eligibility. Each year we select different meal applications to confirm eligibility. This year, your household was selected.



You must send us the information by <<date>>, or <<Bob, Jill, and Sara>> will stop receiving free or reduced price meals.

You can send a Certification Notice for <<SNAP>>. <<TANF>>, or FDPIR 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 <<(xxx)-xxx-xxxx>> or by email at <<email>>.

Sincerely

<<Sianature>>

<<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 of 7 of the Privacy 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 submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint filing cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (886) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program intak

This institution is an equal opportunity provider.

Household ID #

How to Show Eligibility for Free or Reduced Price Meals

Please provide the following information. All documents can be dated from <<the month before application>>, or any month since. Include a copy of this letter when you send your

Were you or someone in your household receiving benefits from << State SNAP>>. <<State TANF>> or FDPIR at the time of application, or any time since?

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDPIR 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

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, or migrant coordinator at (xxx)-xxx-xxxx or e-mail>> for help.
- 2. Your child is a foster child: Send documentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name 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. 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 stub or pay envelope 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 farming papers, such as ledger or tax books.
- · 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.
- . Welfare Payments: Benefit letter from the <<State TANF>> 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 Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing 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>>.

Mail documents to this <<address>>. If possible, send copies. Or fax to <<(xxx)xxx-XXXXX>>

Come in person to the office located at <<address>> to drop off the documents.





Confirm Your Eligibility for Free/Reduced Price Meals

Dear <<Susan>>,

Your application was approved a little while ago, and your child(ren) (listed 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 select 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 FDPIR 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 <<(xxx)-xxx-xxxx>> or by email at <<email>>.

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 of 7 of the Privacy 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 submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Farille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_.cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (865) 832-9982. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax; (202) 890-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

How to Show Eligibility for Free or Reduced Price Meals

Please provide the following information. All documents can be dated from <<the month 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 FDPIR at the time of application, or any time since?

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDPIR 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:

- Your child is homeless, migrant or runaway: Contact <<school, homeless liaison, or migrant coordinator at (xxx)-xxxx-xxxx or e-mail>> for help.
- Your child is a foster child: Send documentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child's foster status.
- 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

<< School District Name and Logo>>

Acceptable Documents for Showing Household Income

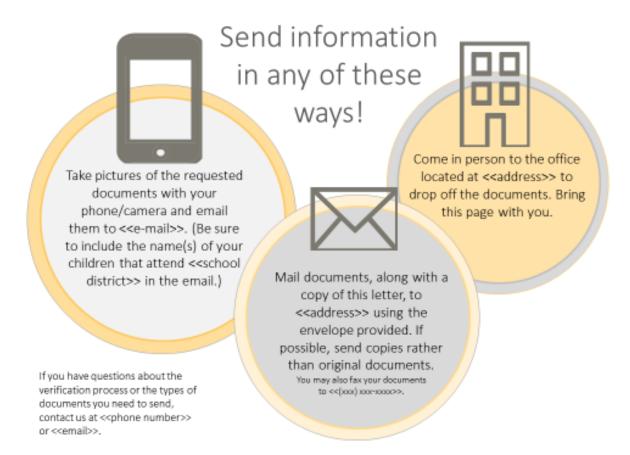
- Jobs: Paycheok stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
- Social Security, Pensions, or Retirement: Social Security 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.
- Welfare Payments: Benefit letter from the <<State TANF>> 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 Privatization Initiative: Letter or rental contract showing that your housing is part of the Military
 Privatized Housing 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

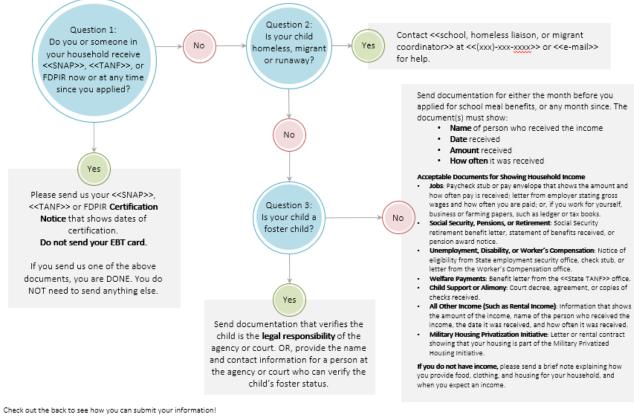
Send this information using any of the following methods:

- Take pictures of the requested documents with your phone/camera and email them to <<e-mail>>. Be sure
 to include a photo of this letter, OR the name(s) of the your child(ren) that attend <<school district>> in the
 email message.
- Mail documents along with this letter to <<address>> using the envelope provided. If possible, send copies
 rather than original documents. You may also fax documents to <</xxx\nable copies
- Come in person to the office located at <<address>> to drop off the documents. Bring this letter with you.



STATE BOARD OF FOUCATION

How to respond to your verification request







Submit your verification documents without a trip to the post office or school! Use the

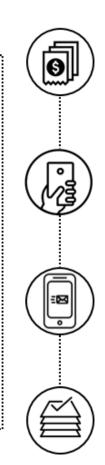
camera on your **phone** or tablet to take pictures of them and

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

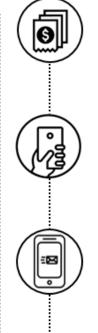
fotografías de estos documentos y envíe las fotografías y el nombre de su hijo/a

por correo electrónico a

[email@schooldistrict.edu]

Asegúrese de presentar la información antes del:

[xx] de [mes] de 20[xx]





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 a: <<a href="mailto:c

Si tiene alguna pregunta con respecto al proceso de verificación o los tipos de documentos que debe enviar, comuníquese con Elegibilidad de Estudiantes y Contabilidad al «ophone number».

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 <<p>hone number>>.





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) All Other Income
- + Allowance for off-base housing (including BAH but excluding MHPI)
- + Allowance for food or clothing (other than FSSA)

Public Assistance

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

Alimony and Child Support

Retirement Income

- * Social Security retirement or survivor's
- * 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

- 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

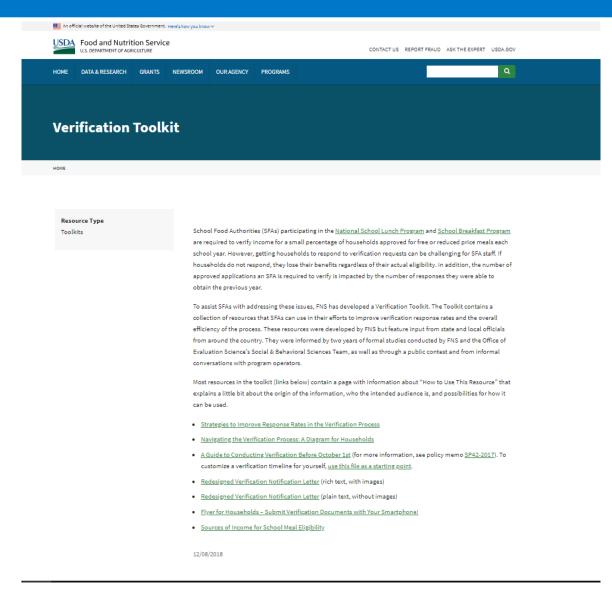
Child income

(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

Verification Toolkit-USDA





Verification Toolkit-USDA



Confirmation Process-Income Application

1. Confirm pay frequency

✓ Different pay frequencies- convert all to annual

2. Confirm rate of pay

✓ Check for gross amount of income

3. Confirm date of pay period

- ✓ Month prior to application or
- ✓ Any time from application to verification request

4. Recalculate income total

✓ Check for documentation for all income listed





Confirmation of Documentation

SNAP

TANF

Foster Child

IL Dept Human Services Il Dept of Healthcare and Family Services Il Dept of Children and Family Services



Best Practice for Documentation

- Any changes made to the original application should be noted on the application, if possible, in a different color ink.
 - Make note of changes to income, pay frequency, change in household members or otherwise
 - Make note of where or from whom the information was obtained
 - Initial and date changes



Follow-up With Households



No change to the benefit level- Notify the household



Benefits increase (reduced to free)- Notify the household and change the benefits of all children in the household no later than three operating days



Maintain original certification documents- Maintain the application for benefits originally submitted by household(s) for a record of how benefits prior to verification were certified.



Maintain records of verification- maintain copies of all relevant correspondence with households and copies of documents submitted by households

Follow-up With Households



Benefits decrease* (free to paid, reduced to paid, or free to reduced)- Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent.



No response, inadequate documentation or termination of benefits* - Notify the household providing them **ten calendar days** written notice. Day one is the day the notice is sent.



Households reapplying for meal benefits- households reapplying must provide documentation with application to verify income or assistance eligibility status prior to approval.



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

Notify Household

We Have Verified Your Application

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

			We Ha	ve Verified	Your Application			
Date:								
Door								
Dear:								
We ha	ave ch	ecked the information	you sent us to prove:					
CHILD N	IAME (Fir	st and Last)	CHILD NAME (First and Last)		CHILD NAME (First and Last)		CHILD NAME (First and	Last)
is/are	-		ed-price meals and	it has beer	n determined:			
	Your o	child(ren)'s eligibility h						
	Starti	ng	3 operating days)	, your child	(ren)'s eligibility for me	eals will be c	hanged from red	uced-price
	to fre		ne is within the free me	eal eligibility	limits. Your child(ren)	will receive	meals at no cost.	
		na			(ren)'s eligibility for me			e to
		Date (ten o	alendar days) our income is over the		. , , ,			
		,	our income is over the					
	Startii		alendar days)	, your crim	u(reii) is/are no longe	a engibile ic	or free or reduced	price means
	for the	e following reason(s):						
		Records show that no	o one in your household	received SN	IAP/TANF. You may rea	pply based or	n income eligibility.	
			hild(ren) is not homele			art		
			the limit for free or red	uced-price	meals.			
		You did not provide:						
		You did not respond						
			for lunch and oply again. If you did no					
If you	disag	ree with this decision	on, you may discuss	it with		a	Telephone W/Ar	
Valua	loo bo	us the right to a fai	r hearing. If you requ	loot a boo	Name		vour child(ren) w	
					Date		, ,	
to rece	eive fre	ee or reduced-price	meals until the dec	ision of th	e hearing official is	made. You	may request a	nearing by
calling	or w	riting to:						
			Name			Telephone \	W/Area Code	
			Ad	dress (Street, C	City, State, Zip Code			
Sincer	rely,							

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. Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speed disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.serv.usa.gov/complaint-filing.cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: <a href="mailto:program.intake@usda.gov

ISBE 68-09 HVAPP (10/17)

Print Reset Form



Notify Household

			We Ha	ve Verified	I Your Application		
Date:							
Dear:							
We ha	ave che	ecked the information	n you sent us to prove:				
CHILD N	IAME (Firs	t and Last)	CHILD NAME (First and Last)		CHILD NAME (First and Last)	CHILD NAME (First and Last)	
is/are	eligib	le for free or reduc	ed-price meals and i	it has beer	n determined:		
	Your c	hild(ren)'s eligibility h	nas not changed.				
	Startin		3 operating days)	, your child	(ren)'s eligibility for meals will b	e changed from reduced-pr	rice
		because your incor	me is within the free me	eal eligibility	limits. Your child(ren) will recei	ve meals at no cost.	
	Startin	Date (ten o		, your child	(ren)'s eligibility for meals will b	e changed from free to	
	reduc	Date (ten d e d-price because yo	calendar days) our income is over the l	limit. Reduc	ed-price meals costfo	lunch andfor breakfa	ıst.
	Startin	ıg		, your child	d(ren) is/are no longer eligibil	e for free or reduced-price m	eals
			alendar days)				
	for the	following reason(s):					
		Records show that no	o one in your household	received SN	IAP/TANF. You may reapply base	d on income eligibility.	
		Records show the o	child(ren) is not homele	ss, runawa	y, migrant, or Head Start		
		Your income is over	the limit for free or red	uced-price	meals.		
		You did not provide:					
		You did not respond	to our request.				
					fast. If your household income oof of current eligibility, you will		

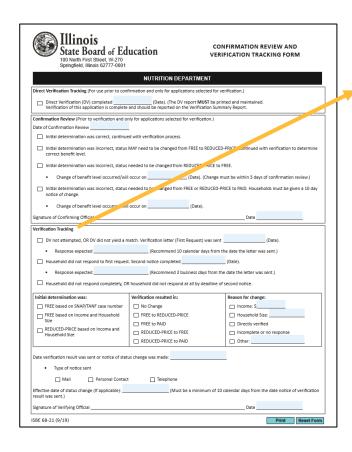


Notify Household

9 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,	
f you disagree	with this decision, you may discuss it wi	th	Nesse	_at	0-4-1
/ou also have t	the right to a fair hearing. If you request	a hearing by	Name	Telephone W/Ai	
	, , , , ,		Date		
	or reduced-price meals until the decision	i oi the near	ing official is made. To	ou may request a	nearing by
alling or writin	g to:				
	Name		Telepho	ne W/Area Code	
	Address	(Street, City, State,	Zip Code		ı
Sincerely,					



Verification Tracking



ISBE 68-21 (9/19)

Verification Tracking									
DV not attempted, OR DV did not yield a m	atch. Verification letter (First Request) was sent	(Date).							
Response expected	(Recommend 10 calendar days from th	e 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, OF	t household did not respond at all by deadline of	second notice.							
Initial determination was:	Verification resulted in:	Reason for change:							
FREE based on SNAP/TANF case number	☐ No Change	Income: \$							
FREE based on Income and Household	FREE to REDUCED-PRICE	☐ Household Size:							
Size	☐ FREE to PAID	☐ Directly verified							
REDUCED-PRICE based on Income and Household Size	REDUCED-PRICE to FREE	☐ Incomplete or no response							
	REDUCED-PRICE to PAID	Other:							
Date verification result was sent or notice of state	us change was made:								
Type of notice sent									
☐ Mail ☐ Personal Contact	Telephone								
Effective date of status change (If applicable): result was sent.)	(Must be a minimum of 10 c	alendar days from the date notice of verification							
Signature of Verifying Official		Date							

EDUCATION STATE BOARD OF

Sample Timeline for Steps

- 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.

Best Practice for Documentation

- Any changes made to the original application should be noted on the application, if possible, in a different color ink.
 - Make note of changes to income, pay frequency, change in household members or otherwise
 - Make note of where or from whom the information was obtained
 - Initial and date changes

Best Practice for Recordkeeping



Applications selected for verification may be copied or printed on color paper and returned to the place of the original in application files.



Using the original document proceed with verification.



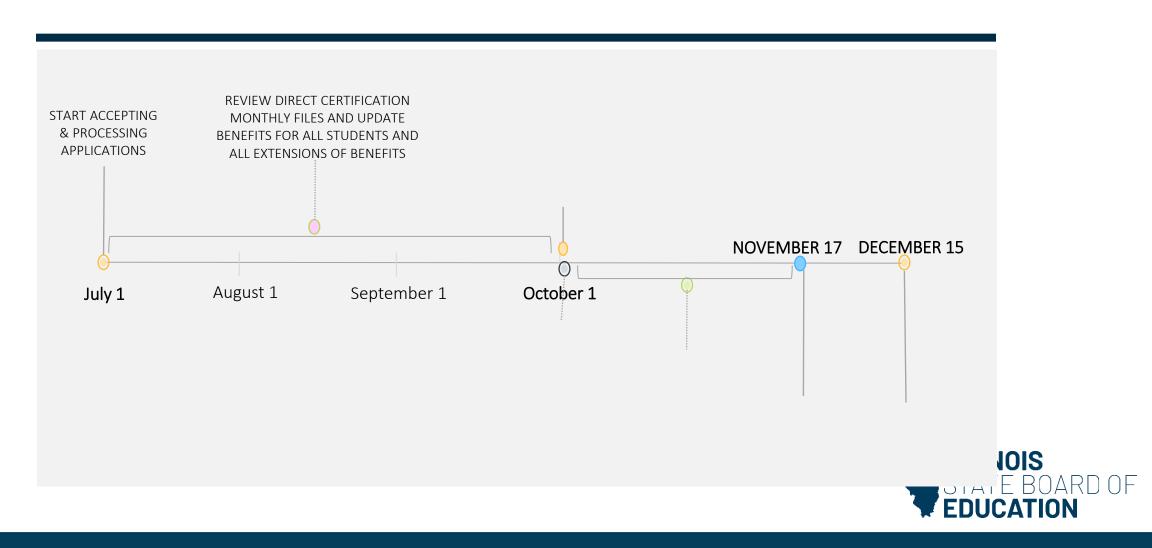
Once verification is complete, attach to the application all household documentation along with copies of all correspondence and keep in a secure location.

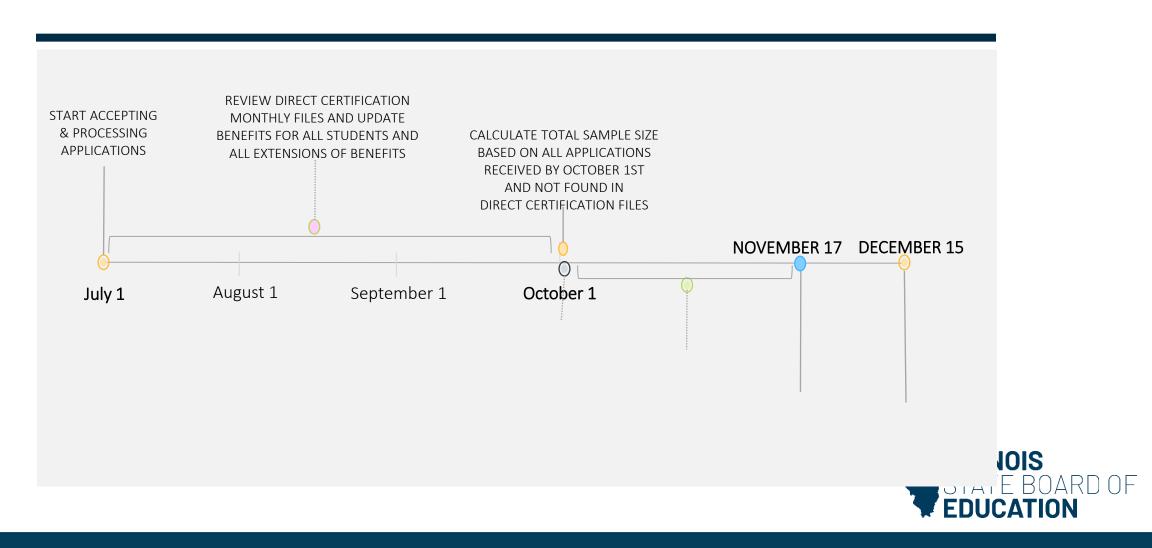


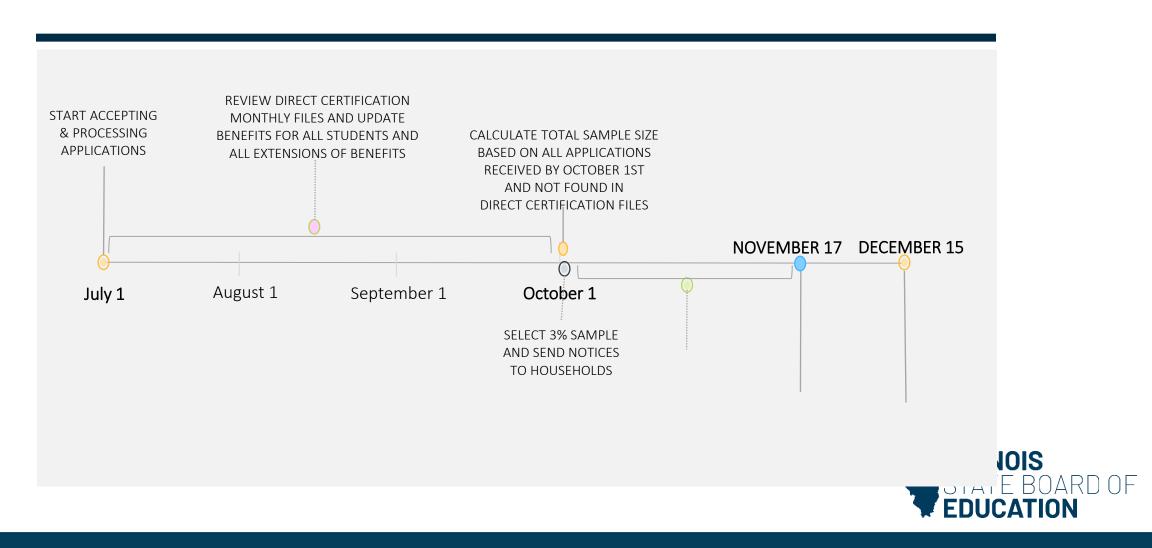
Maintain documentation for 3 years plus the current.

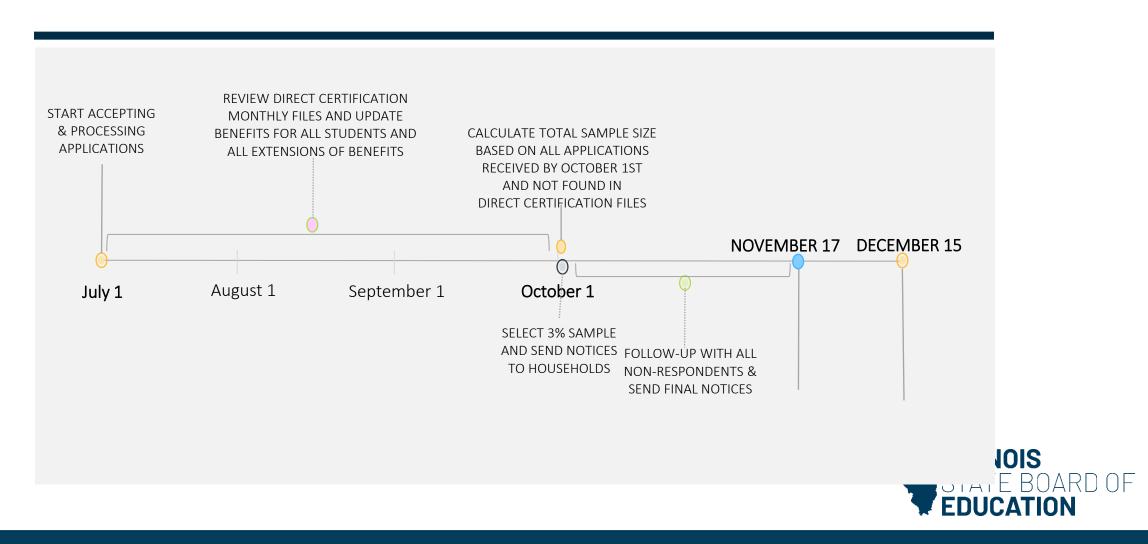


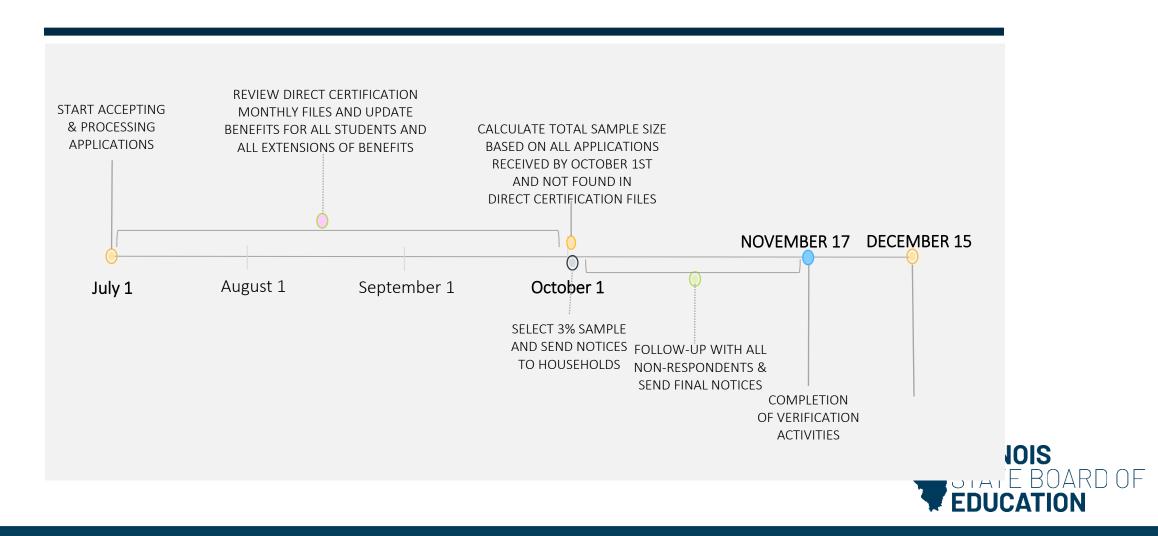


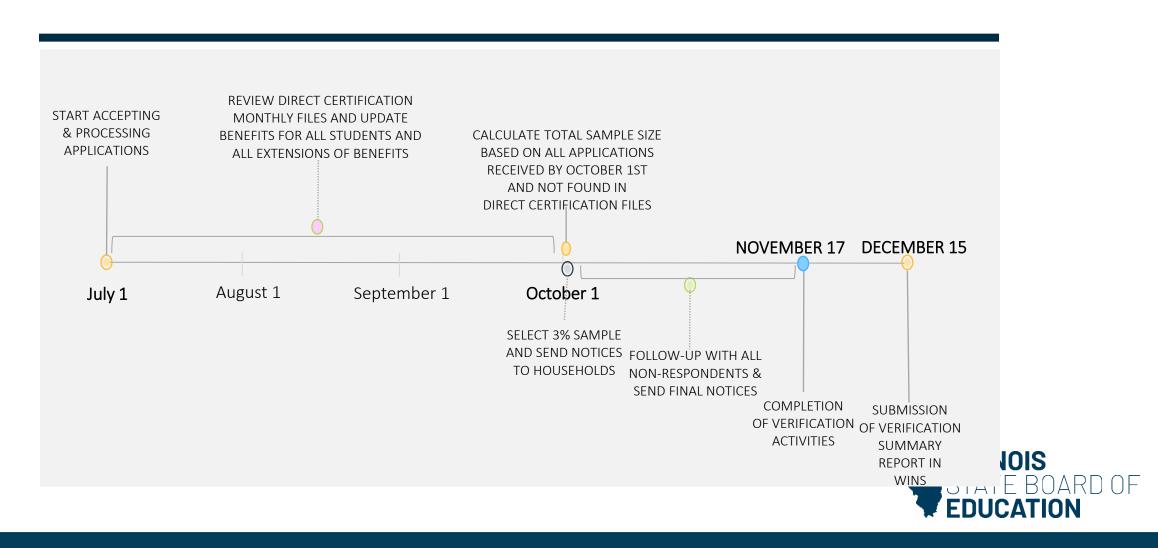


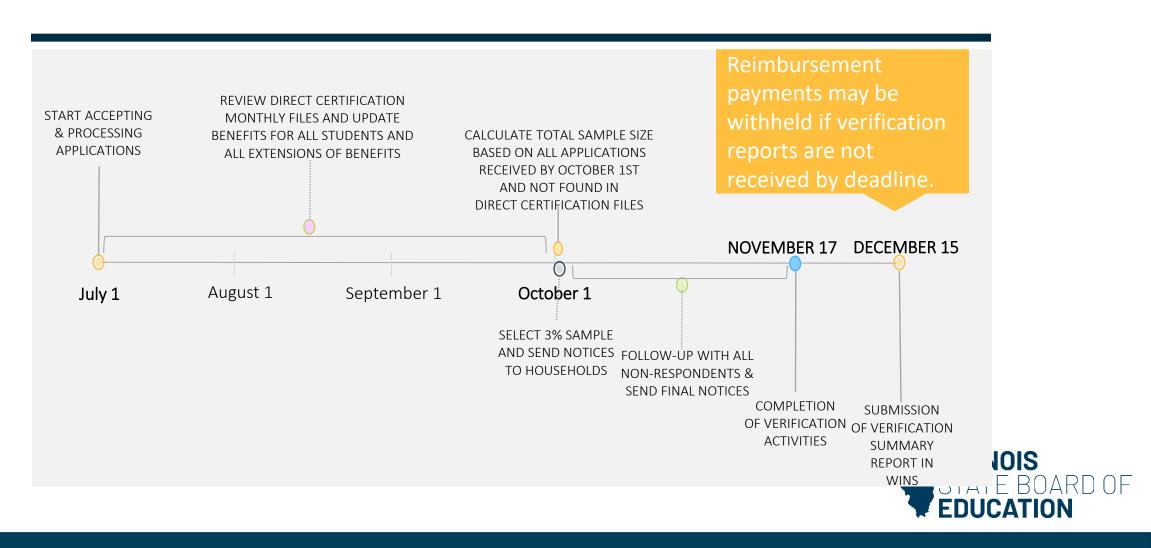






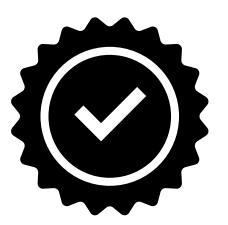






Activity: Part 2

VERIFICATION PROCESS





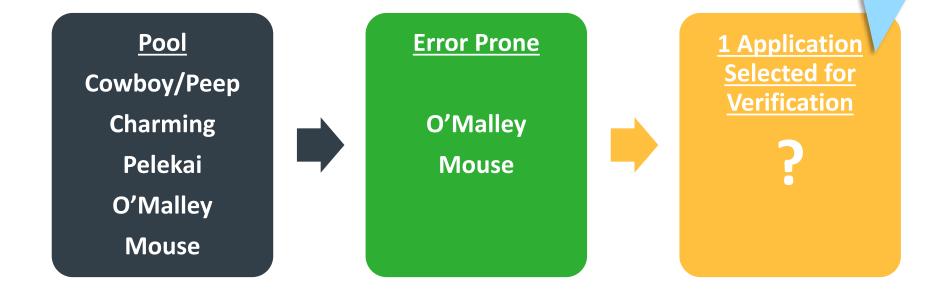
What's Included—Verification Process

- Confirmation Review & Verification Tracking form
 - https://www.isbe.net/Documents/68-21.pdf
- Direct Verification reports
 - October
- We Must Verify Your Application form
 - https://www.isbe.net/Documents/MVAPP.pdf
- We Must Verify Your Application (second request) form
 - https://www.isbe.net/Documents/MVAPP 2nd request.pdf
- Paystubs for all household members with income
- We Have Verified Your Application form
 - https://www.isbe.net/Documents/HVAPP.pdf



Pool ---- Sample

Based on 5 applications, we must verify 1 application to satisfy the 3% requirement

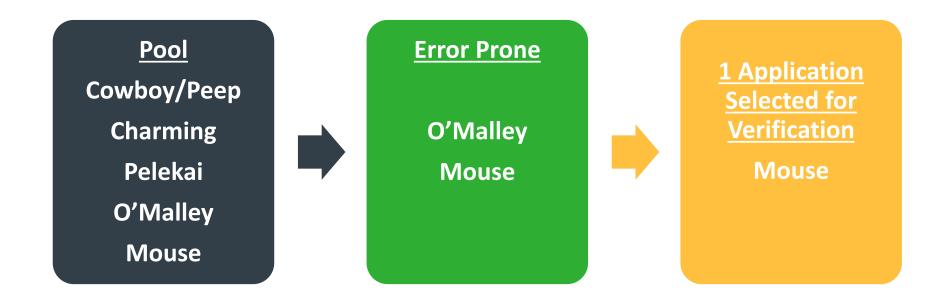


SCHOOL USE ONLY

X Check if Error Prone Application



And the winner is...





Mouse Household Eligibility Application

APPLICATION FOR FREE MILK/MEAL, R	EDUCED-PRICE MEALS	, AND SUMM	ER EBT		1	SCHOOLU	SE ONLY
Complete one application per household, pe	er school district. Instruct	ions on the bac	k of this form.			Pheck if Error P	rone Application
L. All Household Members (Attach another sheet	of paper if necessary)						
First, Middle Initial, Last Sch	ude school name and grade i		ber is a student.) Grade	least one SNAP/To	ou list a SNAP or LNF must be prove not directly o	r TANF case number. A wided below. If you re ertified for free meals,	ceive Child
Minnie D. Mouse							
Mickey D. More Milo M. More Markey B. Move Mican C. Move							
milo m move	Excot Element	ary	2				
Marley 8. mouse (Dot Gleman	ture					
Wican C. Mouse &	-prot Element	ani	K				
		3					
				*A fest	er child is the lega	I responsibility of a welf	are agency or cou
Homeless, Migrent, Runaway, or Head Start (C	Categorically Eligible)						
0 0 0	П						
	Head Start Signature of	f your school Home	less Daison, Migran	Coordinator, or	fead Start Dire	ctor Date	
Total Household Gross Income (before deduction						2000	
Total installing Great income (perore deduction							
	GROSS INCOME AND HO						
L NAMES (UST ALL HOUSEHOLD MEMBERS WITH INCOME)	(Before Deductions)	Earnings from Work (Refere Deductions) C. Welfare, Child Support, Allmony		Social Se	s, Retirement, E. All Other		Comp., SSI, ment, etc.)
Missis M	5 536 Howert	-	How often?	Amount	How often		How often?
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THICKLY MIOUSE	5 402 week	19 5		s		\$	
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	GROSS INCO	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100/twice a month; \$10							
A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings (Before De	from Work ductions) How often?	C. Welfare, Child Support, Alimony		Social Security		E. All Other Income (Worker's Comp., SSI, Unemployment, etc.)		
Minnie M.		1	Amount	How often?	Amount	How often?	Amount	How often	
Minnie Mouse	\$ 536	weekly		-	3	_	3		
Mickey Mouse	5 402	weekly	\$		\$		\$		
	\$,	\$		\$		\$		
٧.	\$		\$		\$		\$	-	

					- THIS	SECTION	IS FOR SCHOO	OL USE	ONLY -	The State of the s
INITIAL.DET	ERMINATIO	ON								
TOTAL INCOME \$ 739	Per:	Week	Every 2 Weeks	Twice a		□ Year	NUMBER IN HOUSEHOLD:	5	CHANGE IN STATUS:	DATE
LEAS must annua	lize income	ONLY whe	n multiple i	ncomes a	t varying fre	quencies :	are reported.	20		
Annual Income	Weekly			E	very 2 Week			Twice a		Once a month
Conversion:	\$	x 52 =	\$	\$		x 26 = \$		\$	x 24 = \$	\$x 12 = \$
ree based o	on:				Red	uced base	ed on:		Denied – Reason	
☐ Home	eless	☐ SNAP	r TANF			☐ Houset	nold's Income		☐ Income too high	
☐ Migra	nt	☐ Foster	Child						☐ Incomplete Applicatio	n
Runay		House	nold's Incor	ne					☐ Non-Qualifying SNAP/	
☐ Head					ž.		\bigcirc			/ithdrawn:
		Signatu	re of Deter	mining O	fficial		make	re	5410 11	
					_	- V/	N- yC	1000	Date: _	8/1/2025

Confirmation Review & Verification Tracking Form

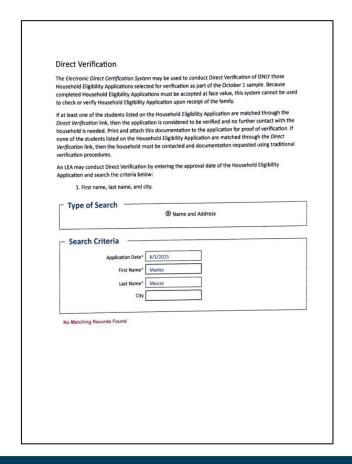
State Board of Ed 100 North First Street, W-270 Springfield, Illinois 62777-0001	11COTION	NFIRMATION REVIEW AND IFICATION TRACKING FORM
	NUTRITION DEPARTMENT	
Direct Verification Tracking (For use prior to con	, , , , , , , , , , , , , , , , , , , ,	,
Direct Verification (DV) completed Verification of this application is complete	(Date). (The DV report MUST be pr and should be reported on the Verification Sur	inted and maintained. Imary Report.
Confirmation Review (Prior to verification and o	nly for applications selected for verification.)	
Date of Confirmation Review		
☐ Initial determination was correct, continue		
 Initial determination was incorrect, status correct benefit level. 	MAY need to be changed from FREE to REDUCE	D-PRICE, continued with verification to determine
 Initial determination was incorrect, status 	needed to be changed from REDUCED-PRICE to	FREE.
Change of benefit level occurred/will	l occur on(Date). (Change	must be within 3 days of confirmation review.)
Initial determination was incorrect, status notice of change.	needed to be changed from FREE or REDUCED-	PRICE to PAID. Households must be given a 10 day
-	l occur on(Date).	
	l occur on (Date).	
Signature of Confirming Official		Date
Verification Tracking		
DV not attempted, OR DV did not yield a n	natch. Verification letter (First Request) was sen	
Response expected	(Recommend 10 calendar days from	the date the letter was sent.)
☐ Household did not respond to first reques	t. Second notice completed	(Date).
Response expected	(Recommend 3 business days from t	he date the letter was sent.)
☐ Household did not respond completely, O	R household did not respond at all by deadline of	f second notice.
Initial determination was:	Verification resulted in:	Reason for change:
FREE based on SNAP/TANF case number	■ No Change	Income: \$
FREE based on Income and Household	FREE to REDUCED-PRICE	☐ Household Size:
REDUCED-PRICE based on Income and	FREE to PAID	☐ Directly verified
Household Size	REDUCED-PRICE to FREE	☐ Incomplete or no response
	REDUCED-PRICE to PAID	Other:
Date verification result was sent or notice of stat	us change was made:	
Type of notice sent		
☐ Mail ☐ Personal Contac	t Telephone	
		calendar days from the date notice of verification
*		

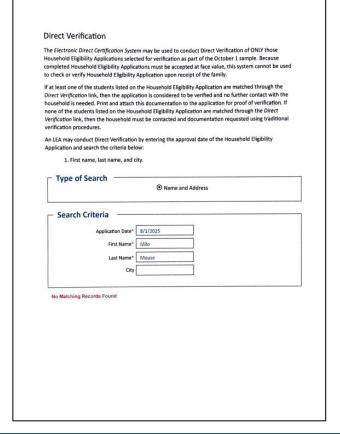
Direct V	Verification Tracking (For use prior to confirmation and only for applications selected for verification.)
	Direct Verification (DV) completed (Date). (The DV report MUST be printed and maintained. Verification of this application is complete and should be reported on the Verification Summary Report.
Confirm	nation Review (Prior to verification and only for applications selected for verification.)
Date of	Confirmation Review
_ I	nitial determination was correct, continued with verification process.
	nitial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level.
_ n	nitial 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.)
	nitial 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).
Signatu	re of Confirming Official Date

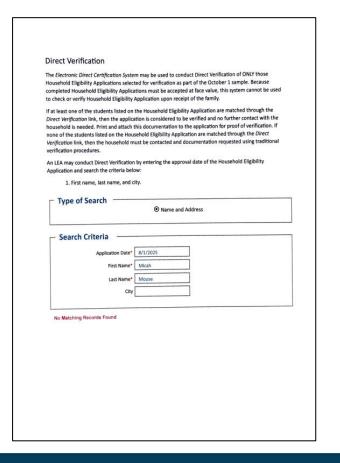
Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)
Direct Verification (DV) completed (Date). (The DV report MUST be printed and maintained. Verification of this application is complete and should be reported on the Verification Summary Report.
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

Direct Verification

- Look up all students in the household in Direct Verification in WINS
 - No records were found







Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)						
Direct Verification (DV) completed 10/2/2025 (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						

Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)							
Direct Verification (DV) completed 10/2/2025 (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							

Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)							
X	Direct Verification (DV) completed 10/2/2025 (Date). (The DV report MUST be printed and maintained. Verification of this application is complete and should be reported on the Verification Summary Report.						
Confi	rmation Review (Prior to verification and only for applications selected for verification.)						
Date o	of Confirmation Review10/3/2025						
X	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).						
Signat	ture of Confirming Official Carl Fredricksen Date						

Permication Tracking		
DV not attempted, OR DV did not yield a n	natch. Verification letter (First Request) v	was sent(Date).
Response expected	(Recommend 10 calendar da	ys from the date the letter was sent.)
Household did not respond to first reques	t. Second notice completed	(Date).
Response expected	(Recommend 3 business days	s from the date the letter was sent.)
Household did not respond completely, O	R household did not respond at all by de	adline of second notice.
nitial determination was:	Verification resulted in:	Reason for change:
FREE based on SNAP/TANF case number	☐ No Change	Income: \$
FREE based on Income and Household Size REDUCED-PRICE based on Income and Household Size	FREE to REDUCED-PRICE FREE to PAID REDUCED-PRICE to FREE REDUCED-PRICE to PAID	☐ Household Size: ☐ Directly verified ☐ Incomplete or no response ☐ Other: ☐
Type of notice sent	us change was made:	
Mail Personal Contactificative date of status change (If applicable):esult was sent.)		um of 10 calendar days from the date notice of verificat
gnature of Verifying Official		Date

Verification Tracking		
Response expected	(Recommend 10 calendar days from the calendar	he date the letter was sent.) _ (Date). e date the letter was sent.)
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:
Type of notice sent Mail Personal Contact Per		calendar days from the date notice of verification
Signature of Verifying Official		Date

We Must Verify Your Application Form

	We Must Verify	Your Application						
Date:						We Must Verify	Your Application	
We are checking your Household Eligibility us information to prove the child(ren) is/ar	y Application. Federal rules require that we do re eligible.	this to make sure only eligible children get	free or reduced-price meals. You must send	Date: 10/	06/2025			
CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)					
	Use reverse	side if necessary		Dear Mr.	and Mrs. Mouse	:		
If possible, send copies, not original paper You must send the information we nee- child(ren) will stop getting free or reduce		by	(Date) or your					
If you were getting SNAP or SNAP or TANE Certification	TANF when you applied for free or reduced is Notice that shows dates of certification. In Office that says you have received SNAP or	d-price meals, or at any time since then, s	()		ecking your Household Eligibility tion to prove the child(ren) is/are		this to make sure only eligible children get fre	e or reduced-price meals. You must send
Write name of each adult h NAME (First and Last)	ousehold member below.	NAME (First and Last)		CHILD NA	ME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
				Marley M	ouse	Milo Mouse	Micah Mouse	
B. Send this page along with p	Use rev papers that show the amount of money your h	erse side if necessary ousehold receives from each source of inco	me.			Liea reverse s	ide if necessary	
	with our request for verification of materia					Ose levelse s	ide ii fiecessary	
 Signing and dating below, a 	and returning form to school.			If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.				
,	usehold Member Signature)	(Date	0)	You must	send the information we need	or contact Really Outstanding	Zero-error-maker by 10/16/2	025 or your
2) Or by calling	(Name) comply OR fail to comply with verification req	(Telephone	e) .		will stop getting free or reduce			Date)
The papers you send must show the na	ame of the person who Ser	nd information to:		cima(ron)	will stop getting free or reduce	ou price media.	,-	
received the income, the date it was re- and how often it was received.	ceived, how much was received,			4	If you were getting SNAP or T	ANE when you applied for free or reduced	I-price meals, or at any time since then, se	nd us a copy of one of those:
Acceptable papers include:			ages and how often they are paid; or business	1.	if you were getting SNAP or I	ANF when you applied for free or reduced	i-price meals, or at any time since then, se	nd us a copy of one of these:
or farming papers, such as ledger or tax b					 SNAP or TANF Certification 	Notice that shows dates of certification.		
,	nt: Social security retirement benefit letter, sta Compensation: Notice of eligibility from Stat				· Letter from SNAP or Welfare	Office that says you have received SNAP or	TANF.	
Welfare Payments: Benefit letter from we Child Support or Alimony: Court decree						• •		
Other Income (such as rental income):	Information that shows the amount of income			2.	If you do not get SNAP or TAI	NF for your child(ren):		
	 Letter or rental contract showing your housin mentation: Please submit papers that show yo to time of verification. 		n initiative. Its. If you do not have this information, you may		A. Write name of each adult ho	usehold member below.		
If you have questions or need help, please call (Name) at The call is free.					NAME (First and Last)		NAME (First and Last)	
Sincerely,					NAME (First and East)		NAIVIE (Filst and East)	
					Minnie Mouse			
federal civil rights law and U.S. Department	t of Agriculture (USDA) civil rights regulations a	nd policies, this institution is prohibited from d	ndiscrimination Statement: In accordance with discriminating on the basis of race, color, national information may be made available in languages		Mickey Mouse			
other than English. Persons with disabilities should contact the responsible state or local	who require alternative means of communicational agency that administers the program or USD.	on to obtain program information (e.g., Braille, I A's TARGET Center at (202) 720-2600 (voice	large print, audiotape, American Sign Language), e and TTY) or contact USDA through the Federal			Use rev	erse side if necessary	
Relay Service at (800) 877-8339. To file a p be obtained online at: https://www.usda.go letter must contain the complainant's name.	program discrimination complaint, a Complainan wisites/default/files/documents/ad-3027.pdf, from address, telephone number, and a written des	it should complete a Form AD-3027, USDA Pr in any USDA office, by calling (866) 632-9992 cription of the alleged discriminatory action in	rogram Discrimination Complaint Form which can 2, or by writing a letter addressed to USDA. The sufficient detail to inform the Assistant Secretary brritted to USDA by: 1. mail: U.S. Department of		B. Send this page along with pa	apers that show the amount of money your h	ousehold receives from each source of income	Đ.
	y for Civil Rights 1400 Independence Avenue,		: (833) 256-1665 or (202) 690-7442; or 3. omail:					
ISBE 68-10A MVAPP (11/24)			Print Reset Form					

We Must Verify Your Application Form

We Must Verify Your Application					
Dear			We Must Verify You	r Application	
We are checking your Household Eligibility Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price us information to prove the child(ren) islare eligible. CHILD NAME (First and Last)		te: 10/06/2025	_		
Use reverse side if necessary If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.					
You must send the information we need, or contact			uire that we do this	to make sure only eligible children get fre	ee or reduced-price meals. You must send
If you do not get SNAP or TANF for your child(ren): A. Write name of each adult household member below. NAME (First and Last) NAME (First and Last)	Hayraak	- - - - - - - - -	st) CI	HILD NAME (First and Last)	CHILD NAME (First and Last)
The state of the s	Houser	nold did not respond	Mi	cah Mouse	
B. Send this page along with papers that show the amount of money your household receives from each source of income. 3. If you choose not to comply with our request for verification of materials, you can inform the school by:	to the	the first We Must Verify		Use reverse side if necessary	
Signing and dating below, and returning form to school. (Adult Household Member Signature) (Date)			y will be sent back to y Outstanding Zer	o you only if you ask. ro-error-maker by	025 or your
2) Or by calling at (Titlephone) Households that choose not to comply OR fall hos comply with verification request will be changed to paid status. The pacers you send must show the name of the person who Send information to:	Your A	Application request	(Name)		Date)
received the income, the date it was received, how much was received, and how often it was received. Acceptable papers include:			ree or reduced-pri	ce meals, or at any time since then, se	nd us a copy of one of these:
Jobs: Psychock stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often in or farming appears, such as ledger or tax books. 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 eigbility from State employment security office, check stub, or letter from Worker's Welfare Pawments: Benefit letter from welfare appear.			rtification. ceived SNAP or TAN	IF.	
Child Support or Allmony: Court decree, agreement, or copies of checks received. Other Income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received. Military Housing Privatization Initiative: Letter or rental contract showing your housing is part of the Military Housing Privatization Initiative. Timetrame of Acceptable Income Documentation: Please submit lapars that show your income at the time you applied for benefits. It way do not have					
Trainel later of According to Collections and	ree.	Write name of each adult household member below.			
(Name) (Telephone Number) Sincerely.		NAME (First and Last)		NAME (First and Last)	
		Minnie Mouse			
For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination State federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the bu	sis of race, color, national	Mickey Mouse			
origin, sex (including gender identity) and sexual orientation, disability, age, or reprised or retailation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities where require alternative means or communication to obtain program information (e.g., Bitality, perint, audicage, American Sign. Language), should contact the responsible state or local agency that administens the program or USDA's TARGET Center at (202) 720-2600 (vicios and TTP) or contact USDA through the Federal Relais (Service at (180) 877-833). To file a program decirrination complaint, a Complainant studied complete a Form AD-3027, USDA DISABILITY (Including a Little addressed to USDA. The letter must contain the complainant state in a writer described in the confident and accordant to complainant some, address. In selegon extramely and a written described in or the altergrant described reduction of the altergrant described		B. Send this page along with papers that show the amour		side if necessary hold receives from each source of income	е.
for CVH Rights (ASCR) about the nature and date of an alleged ovil rights violation. The completed AD 3027 form or letter must be submitted to USDA by; 1 Agriculture Office of the Ausstant Scentary for CVH Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1655 or (2 Program Intribet@usda.gov; This institution is an equal opportunity provider.	2) 690-7442; or 3. email:				

Verification Tracking		
Not attempted, OR DV did not yield a r Response expected	t. Second notice completed 10/17/2025	(Date). e date the letter was sent.)
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:
Type of notice sent Mail Personal Contact Effective date of status change (If applicable): result was sent.)		calendar days from the date notice of verification
Signature of Verifying Official		Date

We Must Verify Your Application Form (Second Request)

		We Must Verify	Your Application					
Date: 10/1	17/2025							
Dear Mr. and Mrs. Mouse								
Dear Will a	and Wile. Would	<u> </u>						
We have previously contacted you regarding your Household Eligibility Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove the child(ren) is/are eligible.								
CHILD NAM	ME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)				
Marley Mo	use	Milo Mouse	Micah Mouse					
		Use reverse si	de if necessary					
If possible,	send copies, not original papers.	. If you do send originals, they will be sent ba						
	send the information we need,		uy	or your				
child(ren)	will stop getting free or reduce	d-price meals. (Name)	([Date)				
1.	If you were getting SNAP or TA	ANF when you applied for free or reduced	price meals, or at any time since then, se	nd us a copy of one of these:				
		Notice that shows dates of certification.	T					
	Letter from SNAP or Welfare	Office that says you have received SNAP or	IANF.					
2.	If you do not get SNAP or TAN	IF for your child(ren):						
	Write name of each adult household member below.							
	NAME (First and Last)		NAME (First and Last)					
		Minnie Mouse						
		Mickey Mouse						
_		Use reve	rse side if necessary					
	B. Send this page along with papers that show the amount of money your household receives from each source of income.							

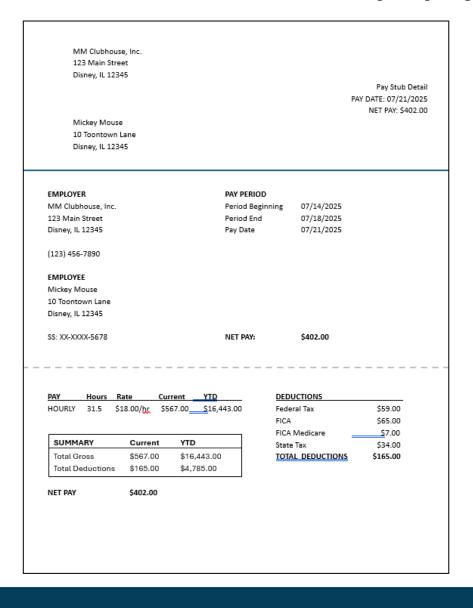
We Must Verify Your Application Form (Second Request)

We Must Verify Your Application							
Date: 10/17/2025							
Dear Mr. and Mrs. Mouse							
CHILD NAME (First and Last) Marley Mouse M	sehold provided paystubs	Last) CHILD NAME (First and Last) by 10/22/2025 or your (Date) ne since then, send us a copy of one of these:					
NAME (First and Last)	NAME (First	and Last)					
Minnie Mouse	, , ,						
Mickey Mouse							
Use reverse side if necessary B. Send this page along with papers that show the amount of money your household receives from each source of income.							

- Let's take a few minutes to look over the paystubs provided by the Mouse household...
- Some things to consider as you review the paystubs:
 - Confirm pay frequency
 - Confirm rate of pay
 - Check for gross income
 - Confirm date of pay period
 - Month prior to application or
 - Any time from application to verification request
 - Recalculate income total



We'll start with Mickey's paystub...



	R			PAY PERIO	D	
MM Club	house, In	c.		Period Beg	inning 07/14/2025	
123 Main	Street			Period End	07/18/2025	
Disney, IL	12345			Pay Date	07/21/2025	
(123) 456	-7890					
EMPLOYE	Ε					
Mickey M	louse					
10 Toonto	wn Lane					
Disney, IL	12345					
SS: XX-XX	XX-5678			NET PAY:	\$402.00	
PAY	Hours	Rate	Current	YTD	DEDUCTIONS	
PAY HOURLY	Hours 31.5	Rate \$18.00/hr	Current \$567.00	YTD \$16,443.00	Federal Tax	\$59.0
					Federal Tax FICA	\$65.0
	31.5		\$567.00	\$16,443.00	Federal Tax FICA FICA Medicare	\$65.0 \$7.0
HOURLY	31.5 ARY	\$18.00/hr	\$567.00	\$16,443.00	Federal Tax FICA FICA Medicare State Tax	\$65.0 \$7.0 \$34.0
SUMM. Total G	31.5 ARY	\$18.00/hr Currer \$567.0	\$567.00 nt YTD 0 \$16,	\$16,443.00	Federal Tax FICA FICA Medicare	\$59.0 \$65.0 \$7.0 \$34.0 \$165.0

EMPLOYER PAY PERIOD

 MM Clubhouse, Inc.
 Period Beginning
 07/14/2025

 123 Main Street
 Period End
 07/18/2025

 Disney, IL 12345
 Pay Date
 07/21/2025

(123) 456-7890

EMPLOYEE

Mickey Mouse 10 Toontown Lane Disney, IL 12345

SS: XX-XXXX-5678 **NET PAY:** \$402.00

✓ Timeframe: within one month prior (can be up to the date the request was sent)

✓ Frequency: weekly

PAY	Hours	Rate	Current	YTD
HOURLY	31.5	\$18.00/hr	\$567.00	\$16,443.00

SUMMARY	Current	YTD	
Total Gross	\$567.00	\$16,443.00	
Total Deductions	\$165.00	\$4,785.00	

NET PAY \$402.00

DEDUCTIONS	
Federal Tax	\$59.00
FICA	\$65.00
FICA Medicare	\$7.00
State Tax	\$34.00
TOTAL DEDUCTIONS	\$165.00



EMPLOYER PAY PERIOD

 MM Clubhouse, Inc.
 Period Beginning
 07/14/2025

 123 Main Street
 Period End
 07/18/2025

 Disney, IL 12345
 Pay Date
 07/21/2025

(123) 456-7890

EMPLOYEE

Mickey Mouse 10 Toontown Lane Disney, IL 12345

SS: XX-XXXX-5678 NET PAY: \$402.00

✓ Timeframe: within one month prior (can be up to the date the request was sent)

- ✓ Frequency: weekly
- X Rate of pay—used net pay (\$402) instead of gross income (\$567)

 PAY
 Hours
 Rate
 Current
 YTD

 HOURLY
 31.5
 \$18.00/hr
 \$567.00
 \$16,443.00

SUMMARY	Current	YTD
Total Gross	\$567.00	\$16,443.00
Total Deductions	\$165.00	\$4,785.00

NET PAY \$402.00

DEDUCTIONS

Federal Tax FICA

FICA Medicare

State Tax
TOTAL DEDUCTIONS

\$34.00 **\$165.00**



MAIN STREET FLOWERS	WEEKLY PAY STUB	3
320 Main Street		
Disney, IL 12345	WEEK	NET PAY

Date: 07-14-2025 28 \$536.00

EMPLOYEE INFORM	ATION SSI	N		EMPLOYEE ID	PAY PERIOD
MINNIE MOUSE	XXX	(-XX-1357		98765	07-07-2025
10 Toontown Lane					07-12-2025
Disney, IL 12345					
GROSS EARNINGS	HOURS/QTY	RATE	AMOUNT	DEDUCTIONS	AMOUNT
Hourly	40	\$15.00	\$600.00	Medical Care	\$12.50
Overtime	5	\$22.50	112.50	Social Security	\$37.00
				Federal Income Tax	\$72.00
				State Income Tax	\$55.00

GROSS PAY DEDUCTIONS \$712.50 \$176.50

MAIN STREET FLOWERS	WEEKLY PAY STUB		
320 Main Street			
Disney, IL 12345	WEEK	NET PAY	
Date: 07-14-2025	28	\$536.00	

EMPLOYEE INFORMATION	SSN	EMPLOYEE ID	PAY PERIOD
MINNIE MOUSE	XXX-XX-1357	98765	07-07-2025
10 Toontown Lane			07-12-2025
Disney, IL 12345			

- ✓ Timeframe: within one month prior
- ✓ Frequency: weekly

GROSS EARNINGS	HOURS/QTY	RATE	AMOUNT	DEDUCTIONS	AMOUNT
Hourly	40	\$15.00	\$600.00	Medical Care	\$12.50
Overtime	5	\$22.50	112.50	Social Security	\$37.00
				Federal Income Tax	\$72.00
				State Income Tax	\$55.00
			GROSS PAY		DEDUCTIONS
			\$712.50		\$176.50

MAIN STREET FLOWERS	WEEKLY P.	AY STUB
320 Main Street		
Disney, IL 12345	WEEK	NET PAY
Date: 07-14-2025	28	\$536.00

Disney, IL 12345				WEEK		NET PAY
Date: 07-14-2025				28		\$536.00
MINNIE MOUSE 10 Toontown Lane Disney, IL 12345		N (-XX-1357		EMPLOYEE ID 98765	PAY PERIOD 07-07-2025 07-12-2025	✓ Tin mo
GROSS EARNINGS Hourly	HOURS/QTY	RATE \$15.00	AMOUNT \$600.00	DEDUCTIONS Medical Care	AMOUNT \$12.50	X Ra
Overtime	5	\$22.50	112.50	Social Security Federal Income Tax	\$37.00 \$72.00	pay (
				State Income Tax	\$55.00	
			GROSS PAY \$712.50		\$176.50	INS

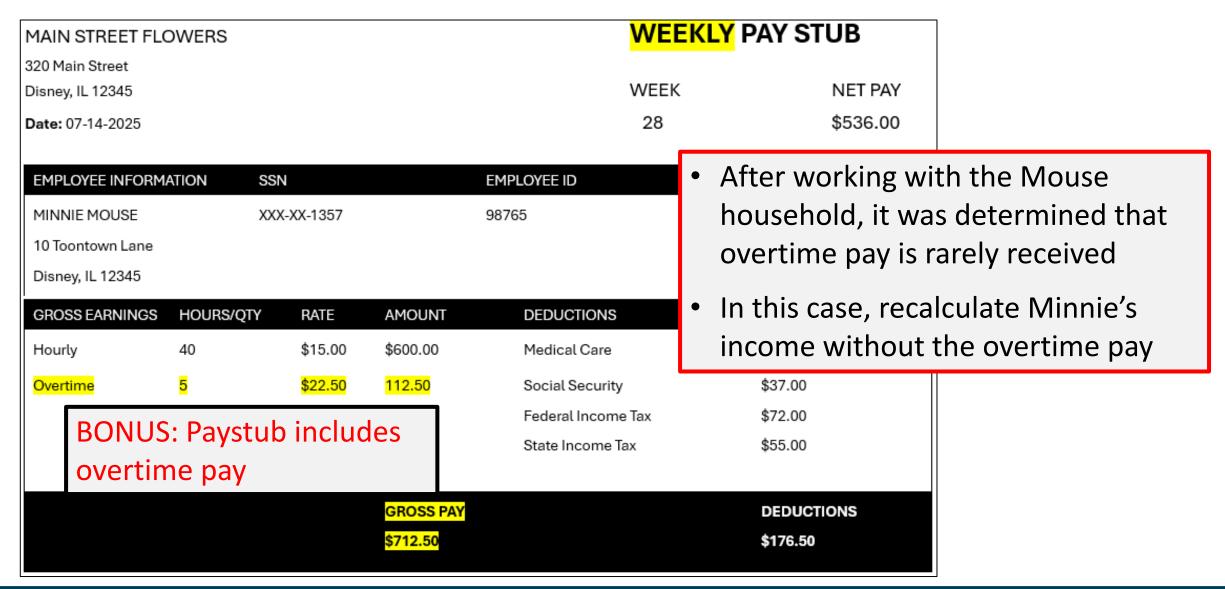
- ✓ Timeframe: within one month prior
- ✓ Frequency: weekly
- X Rate of pay—used net pay (\$536) instead of gross income (\$712.50)

MAIN STREET FI	LOWERS			WEI	KLY PAY STUB
320 Main Street					
Disney, IL 12345				WEEK	NET PAY
Date: 07-14-2025				28	\$536.00
EMPLOYEE INFORI	MATION S	SN		EMPLOYEE ID	PAY PERIOD
MINNIE MOUSE	Х	XX-XX-1357		98765	07-07-2025
10 Toontown Lane					07-12-2025
Disney, IL 12345					
GROSS EARNINGS	HOURS/QTY	RATE	AMOUNT	DEDUCTIONS	AMOUNT
Hourly	40	\$15.00	\$600.00	Medical Care	\$12.50
Overtime	<mark>5</mark>	\$22.50	112.50	Social Security	\$37.00
DONIL	C. Davieti.	مريام ما: ما		Federal Income Tax	\$72.00
BOMO	S: Paystu	b includ	aes	State Income Tax	\$55.00
overtime pay					
	. ,				DEDUCTIONS
			\$712.50		\$176.50

WEEKLY PAY STUB MAIN STREET FLOWERS 320 Main Street WEEK **NET PAY** Disney, IL 12345 28 Date: 07-14-2025 \$536.00 EMPLOYEE INFORMATION SSN EMPLOYEE ID PAY PERIOD MINNIE MOUSE XXX-XX-1357 98765 07-07-2025 10 Toontown Lane 07-12-2025 Disney, IL 12345 GROSS EARNINGS HOURS/QTY RATE AMOUNT DEDUCTIONS AMOUNT Hourly 40 \$15.00 \$600.00 Medical Care \$12.50 Overtime \$22.50 112.50 Social Security \$37.00 Federal Income Tax \$72.00 **BONUS: Paystub includes** State Income Tax \$55.00 overtime pay **GROSS PAY** DEDUCTIONS \$712.50 \$176.50

If the household submits a paystub including overtime:

- Work with the household to determine if the overtime is representative of overtime received in other months
- If overtime is a onetime or sporadic source of income, exclude from the income recalculation
- Document it!



Let's recalculate the Mouse household's income using the new information

Mickey

\$567.00 (gross) weekly



Let's recalculate the Mouse household's income using the new information

- Mickey
 - \$567.00 (gross) weekly
- Minnie

```
$712.50 (gross) - $112.50 (overtime) = $600.00 weekly
```



Let's recalculate the Mouse household's income using the new information

- Mickey\$567.00 (gross) weekly
- Minnie

```
$712.50 (gross) - $112.50 (overtime) = $600.00 weekly
```

Combined income

$$$567.00 + $600.00 = $1,167.00 \text{ weekly}$$



Compare this to the Income Eligibility Guidelines

- \$1,167.00 weekly for a family of 5
- Free meals = \$942
- Reduced meals = \$1,340

Income Eligibility Guidelines Effective from July 1, 2025, to June 30, 2026											
		130% Fee	Free Meals deral Poverty						uced-Price M leral Poverty		
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392	1	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	2	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	3	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	4	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	5	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	6	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	7	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	7,150	596	298	275	138	For each additional family member, add	10,175	848	424	392	196

Compare this to the Income Eligibility Guidelines

• \$1,167.00 weekly for a family of 5

Free meals = \$942

Reduced meals = \$1,340

price meals based on Income Elig household size and Effective from July Free Meals Meals income **Guideline** 130% Federal Poverty Guideline Household Twice Per Every Two Twice Every Two Household Monthly Weekly Monthly Weekly Annual Annual Size Month Weeks Size Weeks Per Month 848 783 1,114 557 20.345 1,696 392 1 28,953 2.413 1,207 2 753 27,495 2.292 1,146 1.058 529 2 39,128 3.261 1.631 1.505 3 34.645 2.888 1,444 1.333 667 3 49.303 4.109 2.055 1.897 949 4 41.795 3.483 1.742 1.608 804 4 4.957 2.479 2.288 59.478 1,144 942 1,340 5 48.945 4.079 2.040 1.883 69.653 5.805 2.903 2.679 5 1.536 6 56.095 4.675 2.338 2.158 1.079 6 79.828 6.653 3.327 3.071 1.217 1.731 7 63,245 5.271 2.636 2.433 7 90.003 7.501 3.751 3.462 8 70,395 2,934 2.708 1,354 8 1,927 5.867 100.178 8.349 4.175 3.853 For each For each additional family 7,150 596 298 275 138 additional family 10,175 848 424 392 196 member, add member, add

Mouse household now

qualifies for reduced-

Verification Tracking		
Not attempted, OR DV did not yield a r Response expected	t. Second notice completed 10/17/2025	(Date). e date the letter was sent.)
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:
Type of notice sent Mail Personal Contact Effective date of status change (If applicable): result was sent.)		calendar days from the date notice of verification
Signature of Verifying Official		Date

 No not attempted, OR DV did not yield a match. Verification letter (First Request) was sent 10. Response expected 10/16/2025 (Recommend 10 calendar days from the days.) Household did not respond to first request. Second notice completed 10/17/2025 (Days.) Response expected 10/22/2025 (Recommend 3 business days from the date.) 	te the letter was sent.) te). the letter was sent.)
Household did not respond completely, OR household did not respond at all by deadline of secon	d notice.
1. The Control of the	Income: \$
Type of notice sent Mail Personal Contact Telephone Effective date of status change (If applicable): (Must be a minimum of 10 calendresult was sent.) Signature of Verifying Official	dar days from the date notice of verification

We Have Verified Your Application Form

						We Hav	e Verifie	i Your A	pplication	1					
Date:															
Dear: _															
We hav	ve che	cked the	e informatio	on you	sent us	to prove:									
CHILD NA	ME (First	and Last)		CHILD	NAME (Firs	t and Last)		CHILD NA	ME (First and I	Last)		CHILD NAM	E (First and I	Lest)	
	9		ee or redu				has bee	n deterr	nined:						
	our ch		s eligibility	has no	t chang		vour child	(ren)'s e	liaihility for	r meals will b	he ch	nanged f	from red	uced-price	
_					ting days)		-		-			-			
			e your inco	ome is	within th					ren) will rece					
8	Startin	9	Date (ten	calenda	r days)		your child	(ren)'s e	ligibility for	r meals will b	be ch	nanged f	from free	e to	
r	educe	ed-price				over the li	mit. Redu	ed-price	meals co	st fo	r lun	ch and _	for	breakfast.	
	Startin	g					your chil	d(ren) is	/are no lo	nger eligibi	le fo	r free or	reduced-	price meals	
	ar tha	fallowin	Date (ten o		days)										
10													F - 71 - 771 -		
										reapply base	ed on	income e	eligibility.		
			show the					-	it, or Head	Start					
			ome is ove		mit for fr	ee or redu	iced-price	meals.							
	=		not provide												
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Date: 10/23	3/2025	We Ha	ve Verified	Your Application	
	and Mrs. Mouse				
		n you sent us to prove:			
CHILD NAME (FI	irst and Last)	CHILD NAME (First and Last)		CHILD NAME (First and Last)	CHILD NAME (First and Last)
Marley Mous	se	Milo Mouse		Micah Mouse	
is/are eligi	ble for free or redu	ced-price meals and	it has beer	n determined:	
_	child(ren)'s eligibility l	•			
Starti	, ,		vour child	(ren)'s eligibility for meals will be c	hanged from reduced-price
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to fre	ee because your inco	me is within the free me	eal eligibility	limits. Your child(ren) will receive	meals at no cost.
⋉ Starti	ing 11/3/2025		. vour child	(ren)'s eligibility for meals will be c	hanged from free to
	Date (ten	calendar days)			_
				ed-price meals cost \$0.40 for lui	
	ing	calendar days)	, your child	d(ren) is/are no longer eligibile fo	or free or reduced-price mea
for th	e following reason(s)				
			received SN	IAP/TANF. You may reapply based or	n income eligibility
		,		y, migrant, or Head Start	Tilloomo digiolity.
		the limit for free or red	ucea-price	meals.	
	You did not provide				
	You did not respond	d to our request.			
				fast. If your household income goe	

Verification Tracking		
Response expected 10/16/2 Household did not respond to first reques Response expected 10/22/2	t. Second notice completed 10/17/20	from the date the letter was sent.) O25 (Date). rom the date the letter was sent.)
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: X Income: \$1,167 Household Size: Directly verified Incomplete or no response Other:
Type of notice sent Mail Personal Contact (If applicable): esult was sent.) Really Out	t Telephone	of 10 calendar days from the date notice of verification



Easy Peasy Lemon Squeezy



Q.) How many pay stubs are required?



Q.) How many pay stubs are required?

A.) One pay stub is sufficient if it represents the income and pay frequency reported on the original application. The pay stub may be from the anytime one month prior to application up until time documents are requested.



Q.) Can I exchange an application for a different one if I am friends/neighbors with the family I selected?



- Q.) Can I exchange an application for a different one if I am friends/neighbors with the family I selected?
- A.) LEA may on a case-by-case basis, replace up to 5% of applications selected. Applications may be replaced when the LEA believes the household would be unable to satisfactorily respond to verification request. In this case you may ask another staff member to assist with the verification process, but it is not a reason to replace an application.

Q.) If a household declines directly certified meal benefit, do I include those students in the student count for the verification summary report?



- Q.) If a household declines directly certified meal benefit, do I include those students in the student count for the verification summary report?
- A.) The verification summary report is collecting data for how many students were deemed eligible for meal benefits using the direct certification system. Students who are identified as categorically eligible should be included in the student count on the report even if the household has opted to decline the benefits.







Important thing to remember

Confirmation review:

- Do one and document the date of completion
- Must be a second set of eyes, not original person checking their own work.

Error-Prone:

- Identify all error-prone applications prior to selecting verification 3% sample
- Select first from error-prone applications



Important thing to remember

Select 3%

Do not select more or less than 3%

Verifying income

- Use gross not net
- Verify all incomes listed on application
- Double check calculations for errors
- Accept and maintain only proper documentation



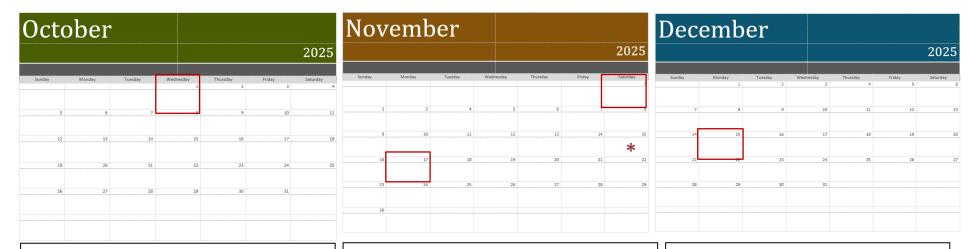
Important thing to remember

Follow up with households

- Send written notification of verification results to households, even if no change occurs
- Make changes as a result of verification
 - Increase benefits (within 3 days)
 - Reduce benefits (on 10th day after notification)
 - Remove benefits (on 10th day after notification)



Dates to Remember



October 1st:

Start Verification Process
July-Oct Direct Cert Reports
VSR Step 1 Opens in WINS

November 1st:

VSR Step 2-5 Opens in WINS

* November 15TH:

Verification process is to be completed

*November 17, 2025

By December 15th:

Verification Summary Report should be submitted in WINS to avoid claim withholding



Contact Information

ISBE Nutrition Department



cnp@isbe.net





