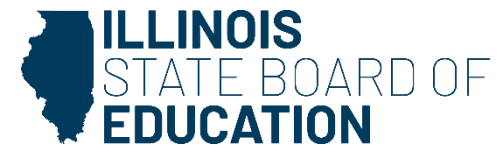


Verification Process and Verification Summary Report

United States Department of Agriculture (USDA)



Agenda

Who needs to conduct verification process?

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

Submitting Verification Summary Report- Step 1

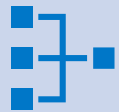
Conducting verification by collecting household documentation

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

[Direct Certification recorded webinar](#)

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

[Certification recorded webinar](#)

Verification Terminology

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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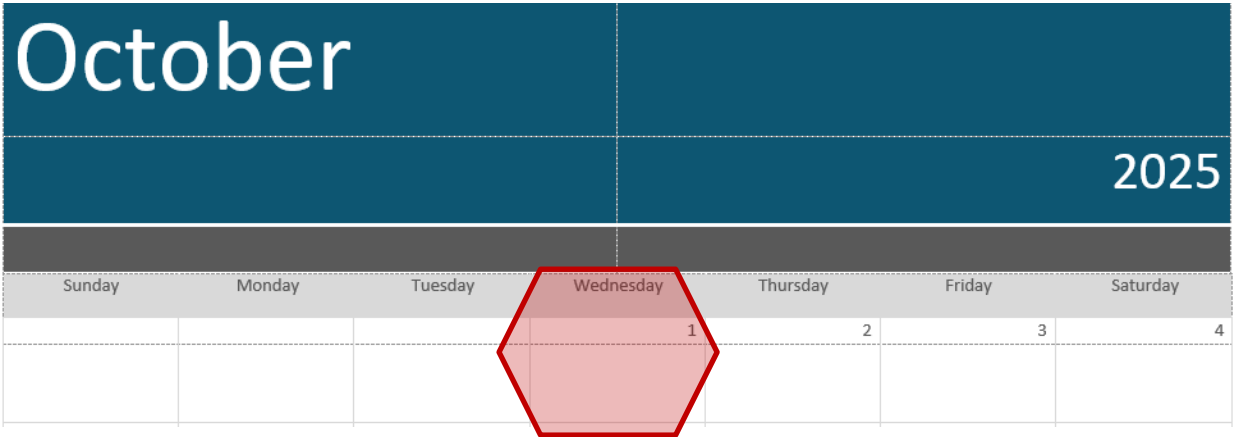
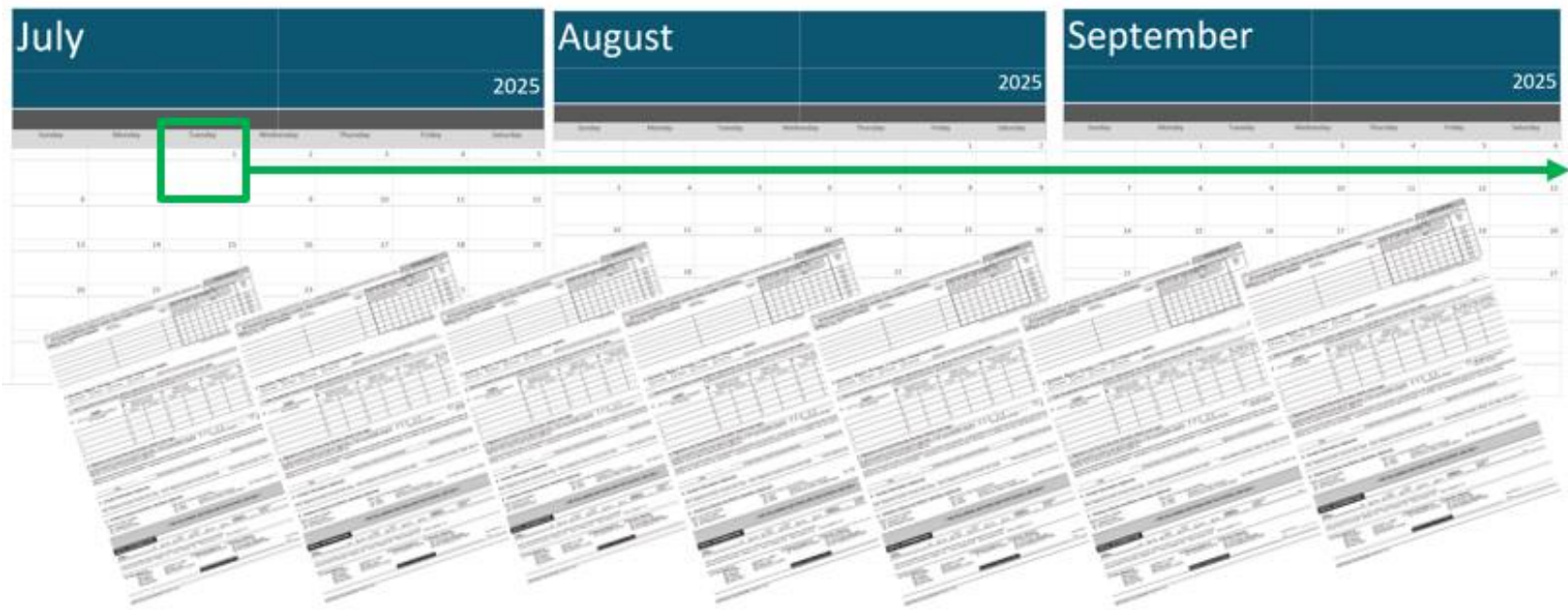
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Verification Process

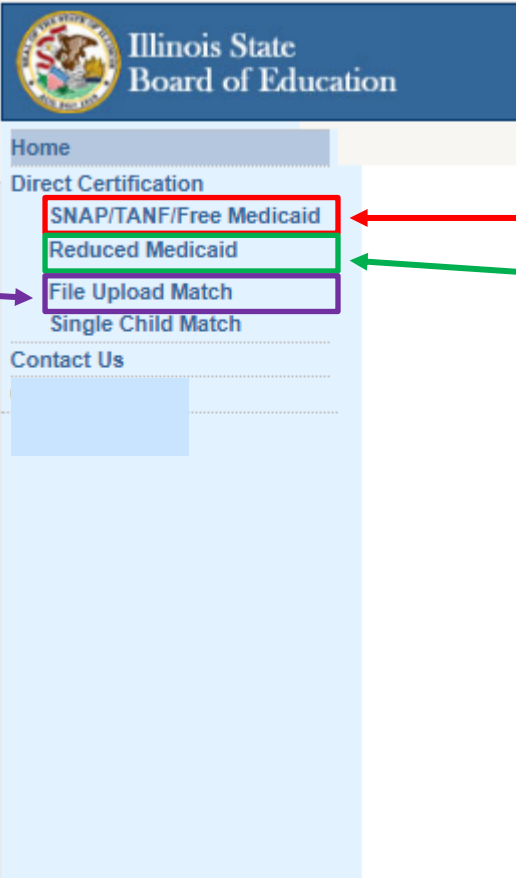


Household Eligibility Applications



Use Direct Certification System

July 1, 2025 Annual File/Monthly File
File Upload Match



July 1, 2025 Annual File/Monthly File
Free benefits

Reduced Benefits

Direct Certification File Upload Match

- Direct Certification
 - SNAP/TANF/Free Medicaid
 - Reduced Medicaid
 - File Upload Match
 - Single Child Match
- Contact Us
- Change RCDT

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/MEDICAID/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.

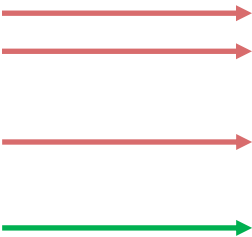
If any LEA uploads a file with student information to match to the SNAP/TANF database, the download file(s) will be named Sponsor File with the appropriate date.

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		
Monthly	104	10/01/2024	10/01/2024		
Monthly	14	09/01/2024	09/03/2024		
Sponsor File	663	08/12/2024	08/12/2024		
Monthly	5	08/01/2024	08/01/2024		
Sponsor File	685	07/19/2024	07/19/2024		
Annual	762	07/01/2024	07/01/2024		



Direct Certification File Upload Match



Direct Certification Files

October

- Monthly File
- File Upload Match

Download File

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Use Direct Certification System



Free Benefits

Before counting applications of approved pool:

- ✓ Check the direct certification system for the July-October 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

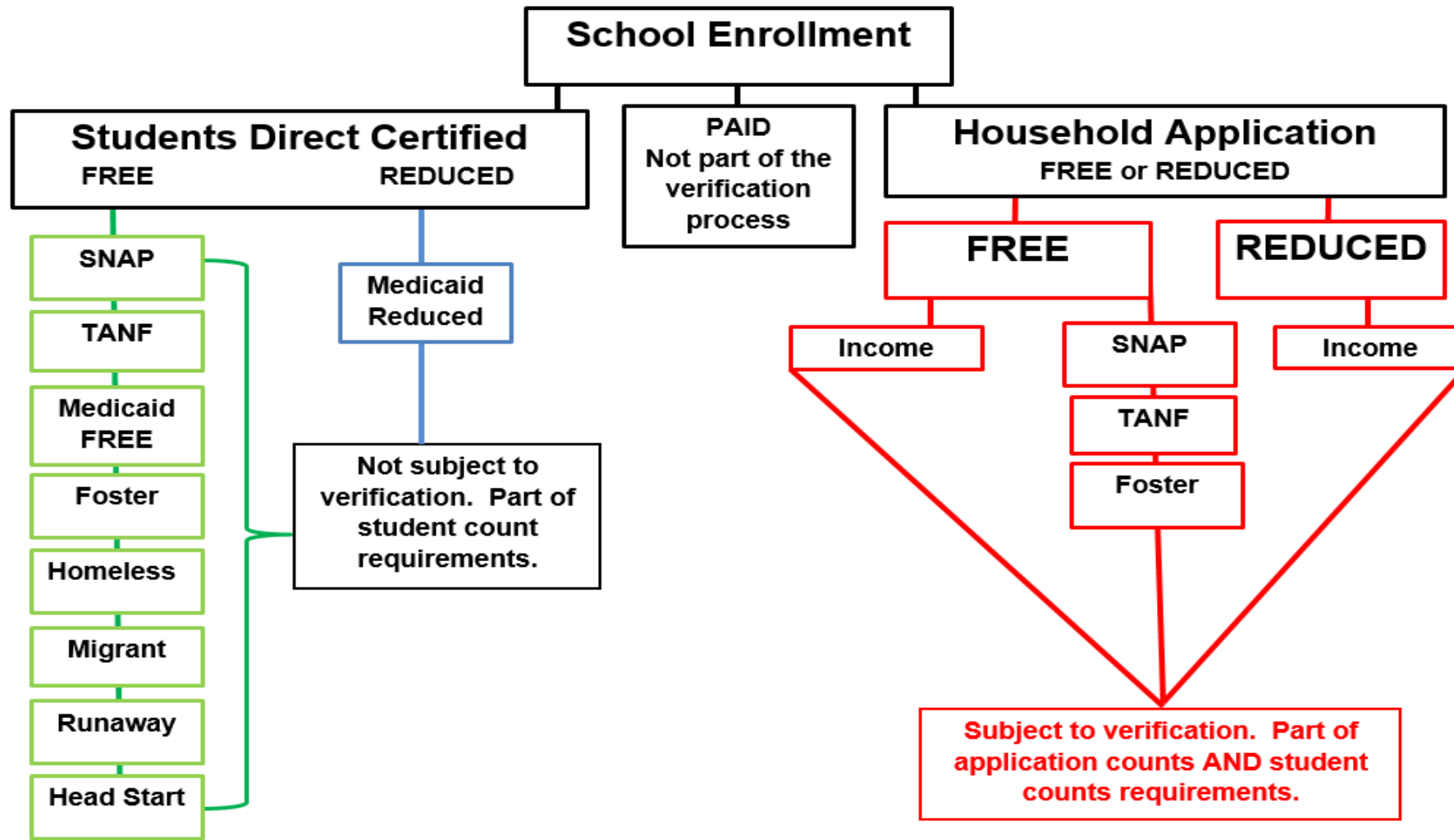
REDUCED Medicaid Benefits



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

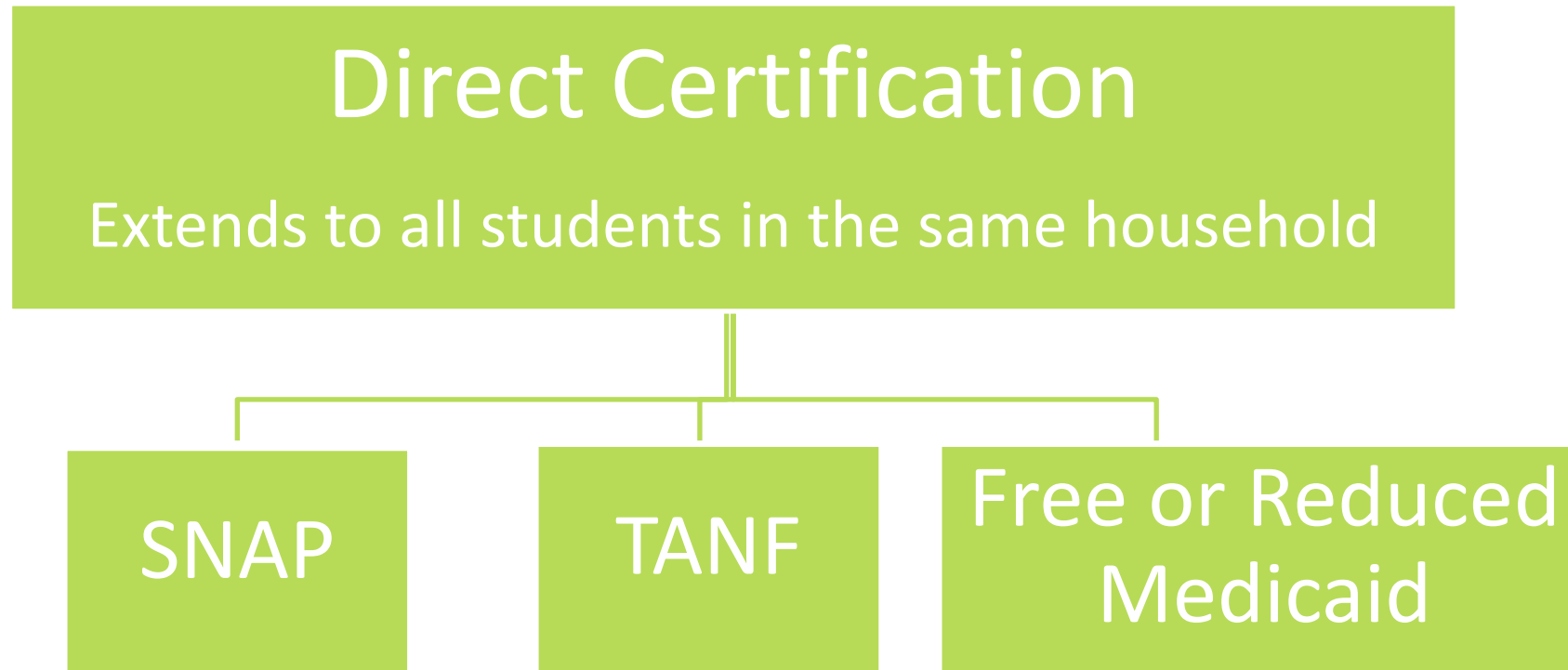
Household Eligibility Application

Extends to all students in the same household

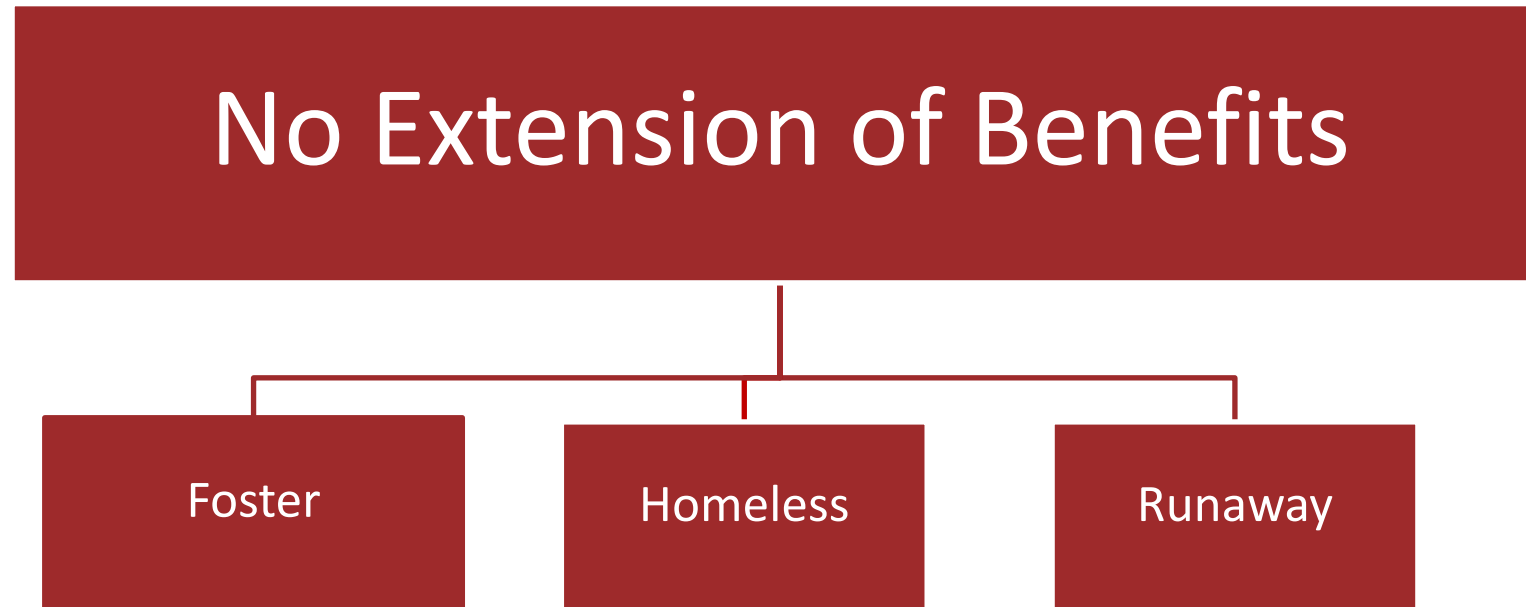
SNAP

TANF

Extension of Benefits



Extension of Benefits



Optional- Data Collection Form



Verification Summary Report Data Collection Form: Step 1

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

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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

October						
2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4

HEA SNAP/TANF-Free benefits

HEA Foster Free benefits

HEA Income-Free benefits

HEA Income-Reduced benefits

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

Household Eligibility Applications

The image shows a stack of multiple 'Household Eligibility Applications' forms. The top form is highlighted with an orange border and contains the following text:

**HEA SNAP/TANF-
Free benefits**

The form includes various sections for personal information, income, and benefits. Key sections visible include:

- Personal Information:** Name, Address, Date of Birth, Social Security Number, and other identifying details.
- Income:** A section for reporting household income, including a table for monthly income.
- Benefits:** A section for reporting current and past benefits, including a table for monthly benefits.
- Signature and Date:** A section for the applicant's signature and the date of application.

Household Eligibility Applications



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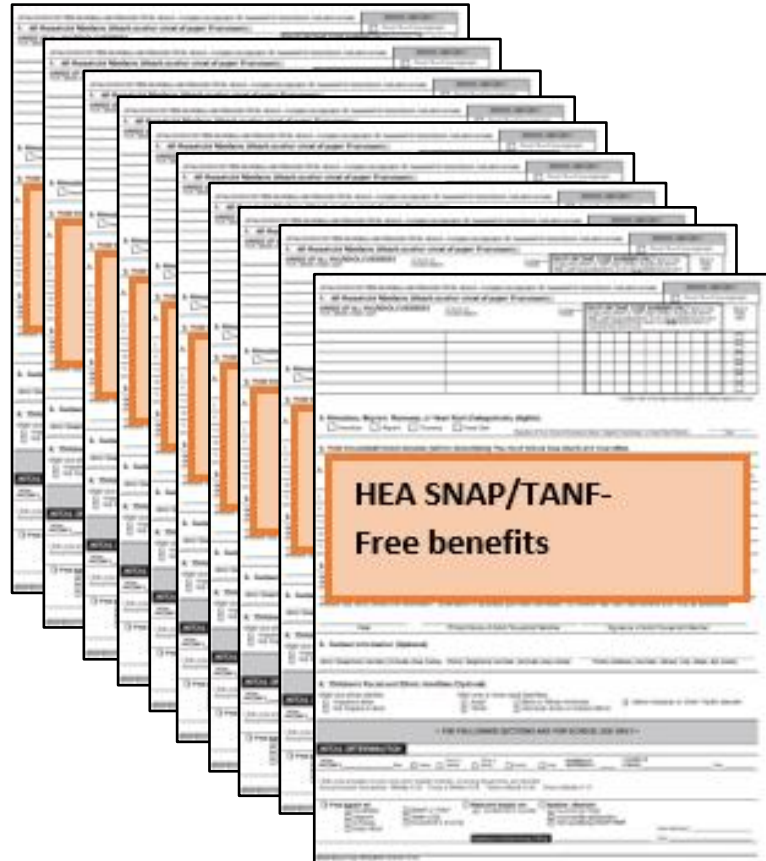
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Household Eligibility Applications



HEA Foster Free benefits

HEA SNAP/TANF-Free benefits

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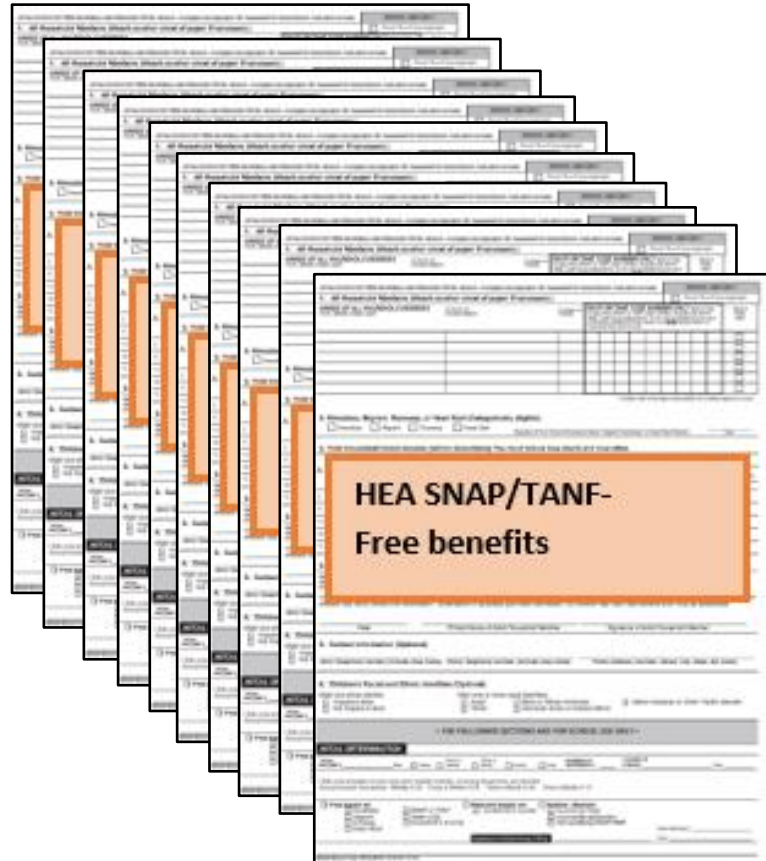
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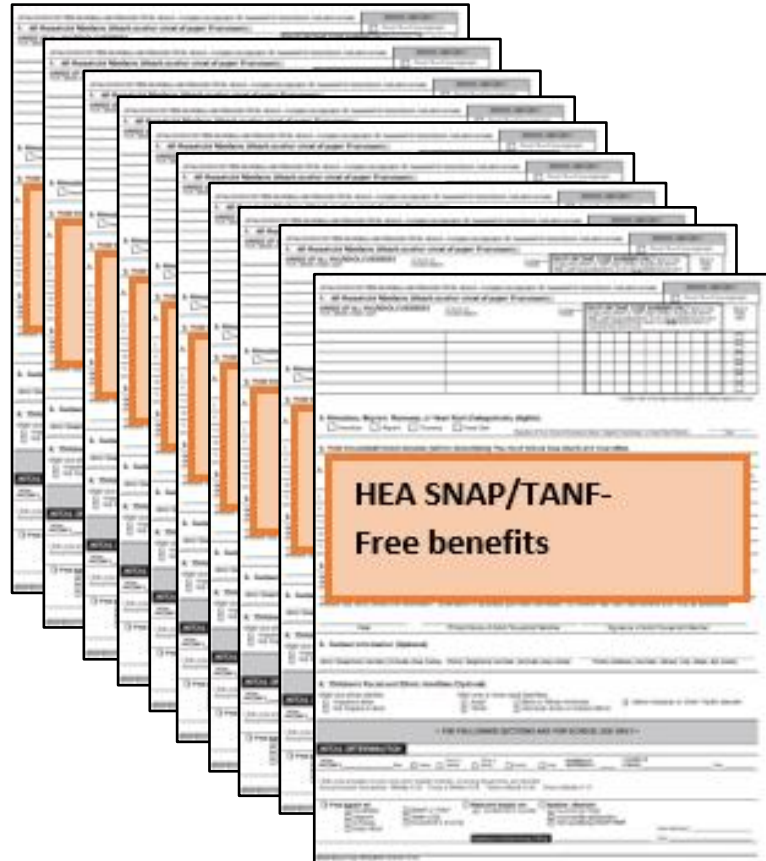
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Household Eligibility Applications



HEA Foster Free benefits

HEA SNAP/TANF-Free benefits

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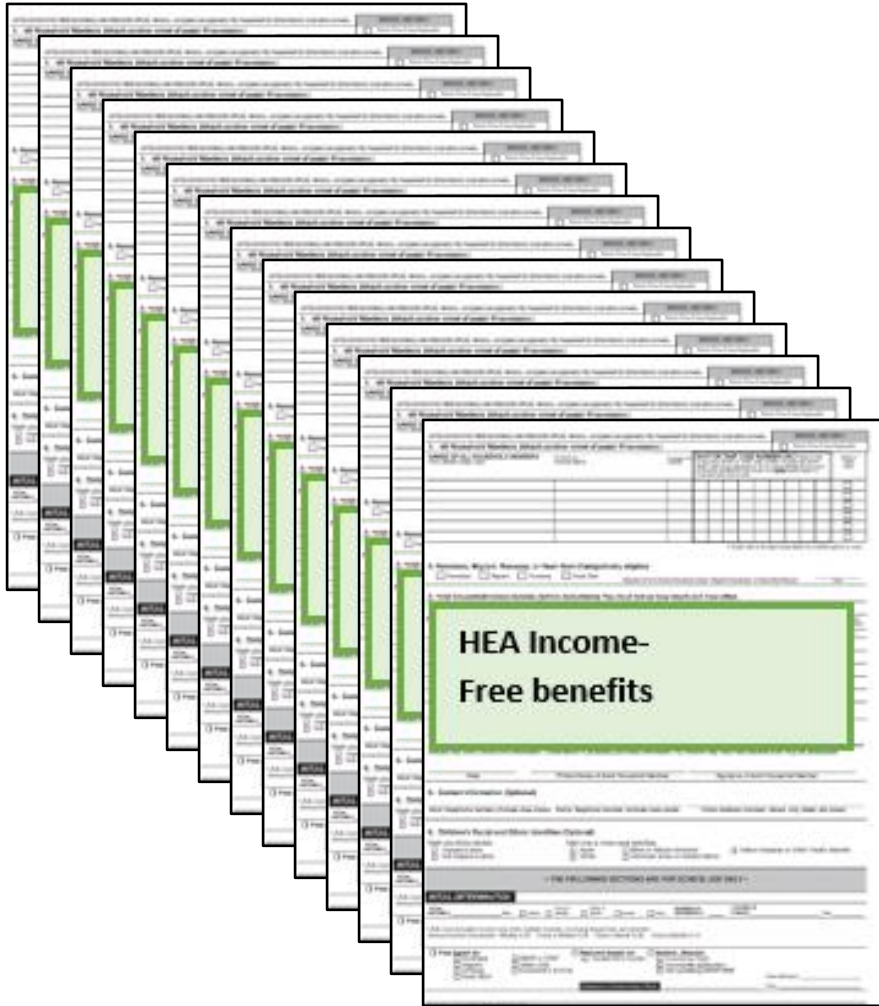
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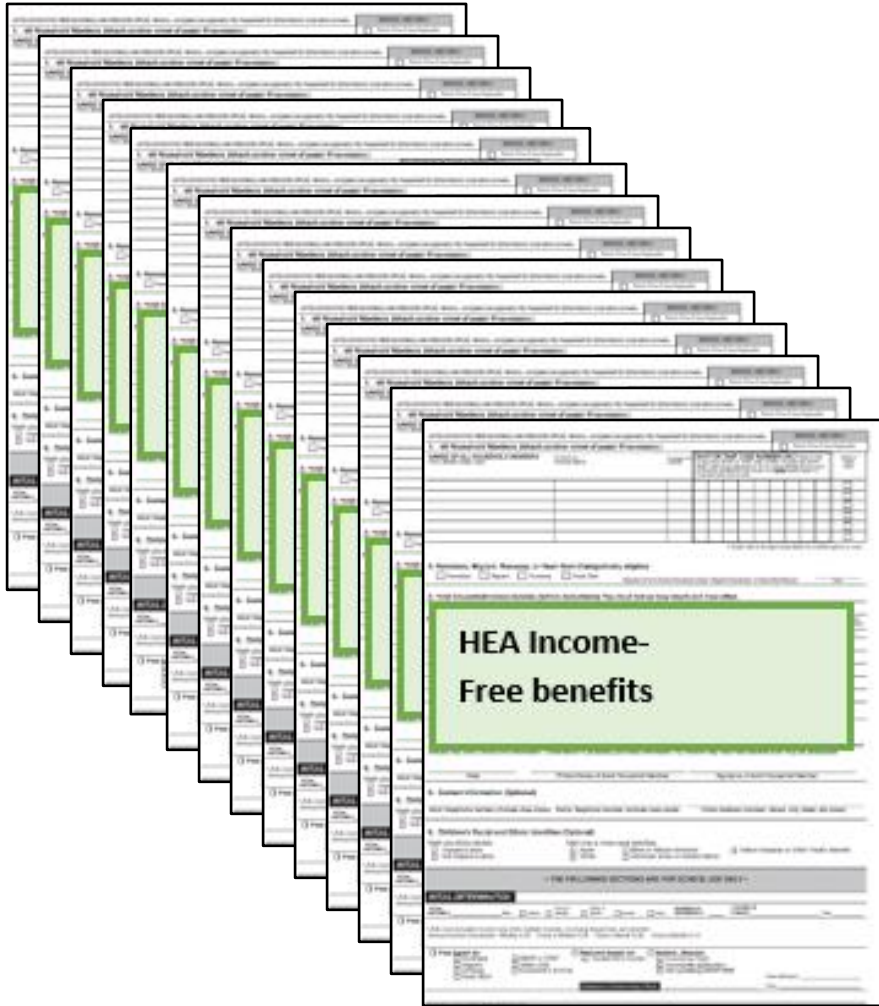
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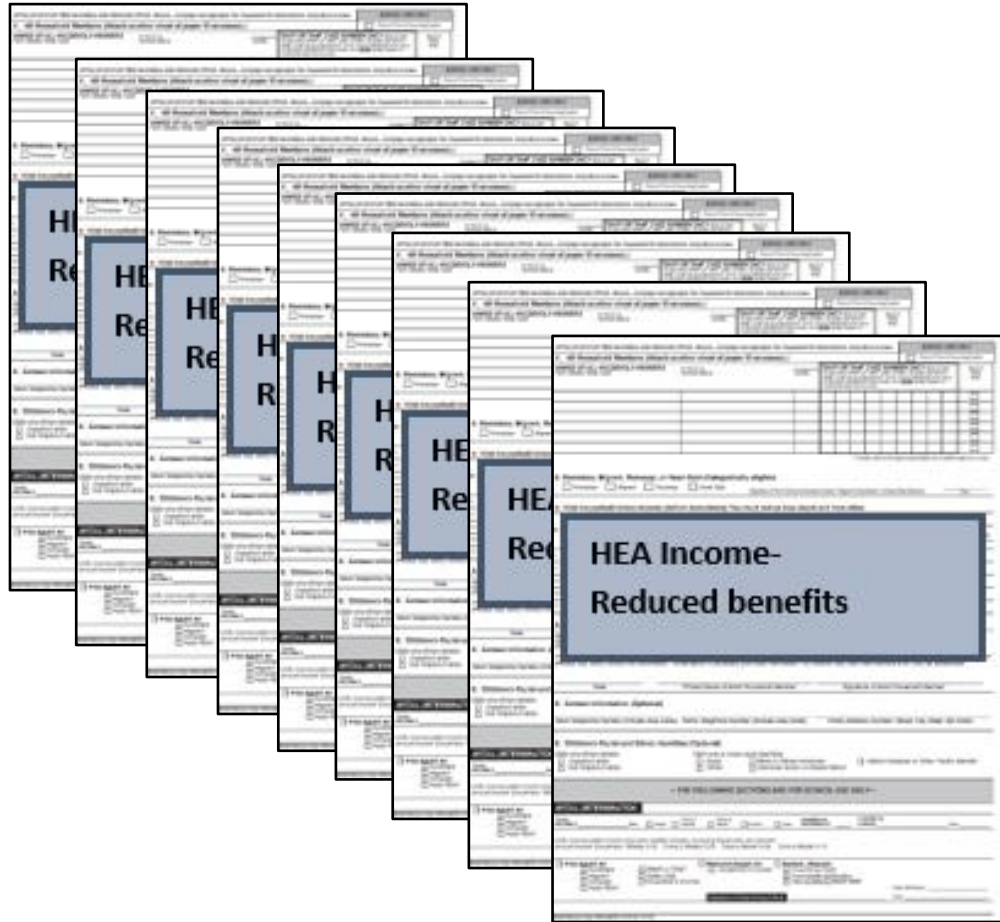
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Household Eligibility Applications



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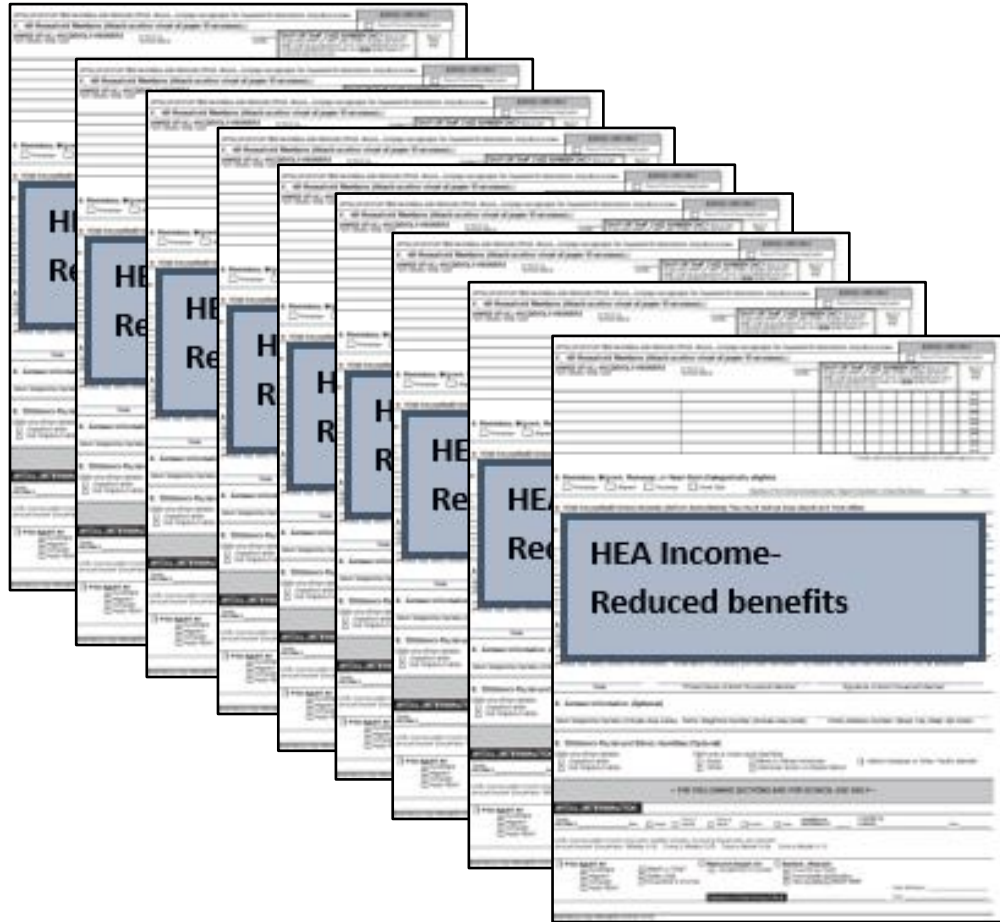
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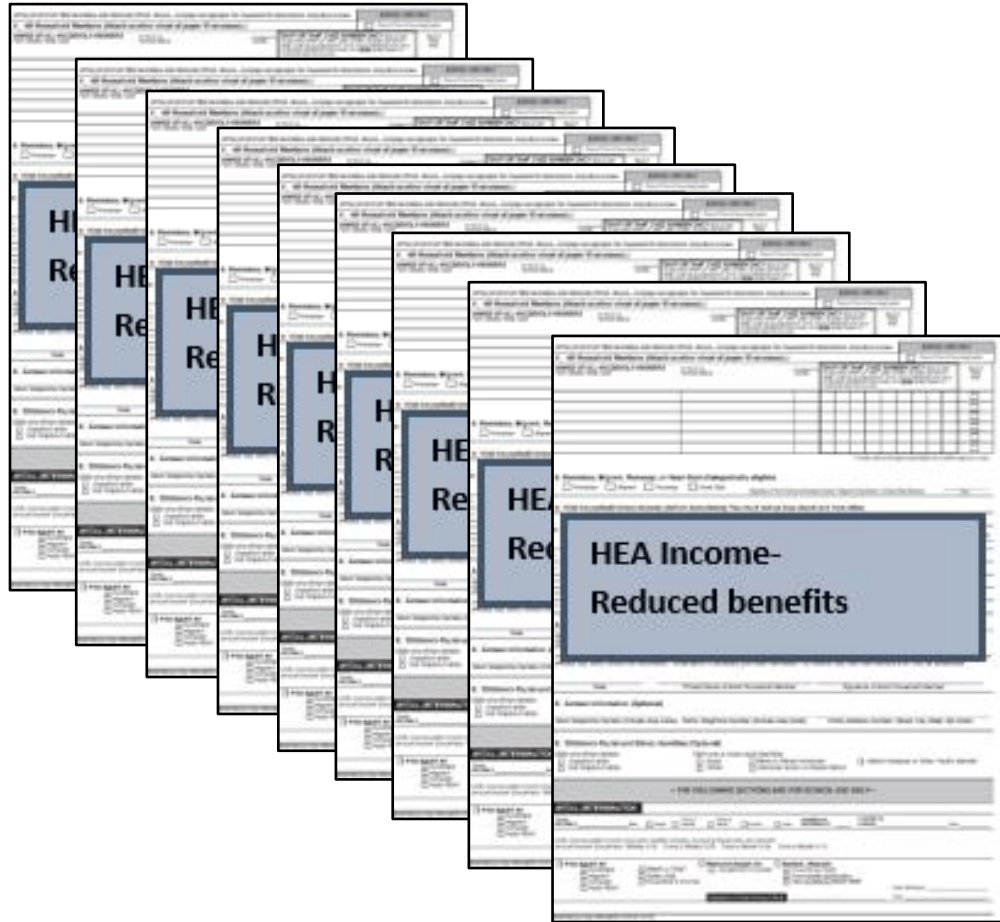
Applications approved for REDUCED meal benefits based on income data (Section 3) 9 application(s)

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Household Eligibility Applications



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How many applications were approved based on one of the following in Sections 1 or 2 of HEA:

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Total applications 12 application(s)

Enter application total on Step 1, Question 1

Question 2:

Applications approved for FREE meal benefits based on income data (Section 3) 14 application(s)

Enter application total on Step 1, Question 2

Question 3:

Applications approved for REDUCED meal benefits based on income data (Section 3) 9 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)

Optional- Data Collection Form

Verification Summary Report Data Collection Form: Step 1

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

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Verification Summary Report-VSR

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

Sponsor Tasks	Sponsor Applications & Participation	Site Applications	Claims & Monitoring	Sponsor Info
Administrative Tasks				
Sponsor Tasks		Site Application Tasks		
<ul style="list-style-type: none">Batch Daily Meal CountsBatch Participation DetailAdd/Remove Detail DatesBatch Site QuestionnaireBatch Site Participation+ Add New Sitex Deactivate/Re-activate Site(s)x Deactivate Sponsor⚠ Review Citation ResponsesSupply Chain Assistance (SCA)Waivers		<ul style="list-style-type: none">Enroll Site In New ProgramEdit Site QuestionnaireEdit Program ParticipationEdit Participation Detail		
Reports		Budget		
<ul style="list-style-type: none">Waiver SubmissionsApplications Not ReceivedNSLP Verification Summary ReportDirect CertificationDeleted SitesClaim Data ReportSummary Reports - Applications Submitted for SponsorSummary Reports - Applications Submitted for SitesSummary Reports - List of Sites and Applications Submitted		No WINS Budgets required.		

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Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

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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- 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?

12

Application(s)

Application(s)

Application(s)

Application(s)

Application(s)

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

- 6 Number of Applications to be verified

Application(s)

Verification Summary Report

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application(s)

Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

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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?	<div><div>14</div></div>	Application(s)
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?	<div></div>	Application(s)
4	TOTAL of all above applications	<div></div>	Application(s)
5	How many of the above applications are error prone income applications?	<div></div>	Application(s)

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

6	Number of Applications to be verified	<div></div>	Application(s)
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Verification Summary Report

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Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

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12	Application(s)
14	Application(s)
9	Application(s)
	Application(s)
	Application(s)

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

- 6 Number of Applications to be verified

	Application(s)
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Verification Summary Report

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application(s)

+

Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

Applications Approved for Free or Reduced Price Benefits

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12	Application(s)
14	Application(s)
9	Application(s)
35	Application(s)
	Application(s)

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

- 6 Number of Applications to be verified

	Application(s)
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Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

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12

Application(s)

14

Application(s)

9

Application(s)

35

Application(s)

Application(s)

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

- 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 income 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

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS		(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.		Check if Error Prone Application
First, Middle Initial, Last						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
I.	\$		\$		\$		\$	
II.	\$		\$		\$		\$	
III.	\$		\$		\$		\$	
IV.	\$		\$		\$		\$	
V.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:
☐ Hispanic/Latino ☐ Asian ☐ Black or African American ☐ Not Hispanic/Latino

Mark one or more racial identity:
☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

☐ Free based on:
☐ homeless ☐ migrant ☐ runaway ☐ Head Start

☐ Reduced based on:
☐ SNAP or TANF ☐ foster child ☐ household's income

☐ Denied—Reason:
☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF

Date Withdrawn: _____
Signature of Determining Official _____ Date: _____

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS		(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.		Check if Error Prone Application
First, Middle Initial, Last						<input type="checkbox"/>
						<input type="checkbox"/>
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Verification Summary Report

Verification Summary Report Data Collection Form: Step 1

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Question 5: Enter the number of error prone applications received

1 application(s)

Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

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- 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
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12 Application(s)

14 Application(s)

9 Application(s)

35 Application(s)

1 Application(s)

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

- 6 Number of Applications to be verified

Application(s)

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application(s)

+

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

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

35

Question 5: Enter the number of error prone applications received

 application(s)

Sample collection-

To determine sample size (3%)

- Verification Summary Report in WINS calculates 3%

Or

- Calculate 3% of applications $\text{Number of Approved Applications} \times .03 = \text{Sample size}$

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

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Question 4: Will auto calculate total number of applications listed on Questions 1-3 35

Question 5: Enter the number of error prone applications received application(s)

Example:

35 applications x .03= 1.05
rounds up to

2 applications to verify

Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

Applications Approved for Free or Reduced Price Benefits

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

12 Application(s)

14 Application(s)

9 Application(s)

35 Application(s)

1 Application(s)

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

- 6 Number of Applications to be verified

Application(s)

Step 1— Verification Summary Report

Verification Summary Report



Step 1: Application Count SY 2025-2026

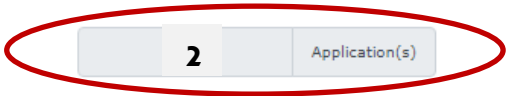
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3	How many applications did the district have on file that were approved for REDUCED PRICE meal benefits based on meeting household size and income guidelines?	9	Application(s)
4	TOTAL of all above applications	35	Application(s)
5	How many of the above applications are error prone income applications?	1	Application(s)

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

6	Number of Applications to be verified	2	Application(s)
---	---------------------------------------	---	----------------

We must verify 2 application



Verification Process




October						2025	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

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



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

CONFIRMATION REVIEW AND
VERIFICATION TRACKING FORM

NUTRITION DEPARTMENT

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 _____

Verification Tracking

☐ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent _____ (Date).

- Response expected _____ (Recommend 10 calendar days from the date the letter was sent.)

☐ Household did not respond to first request. Second notice completed _____ (Date).

- Response expected _____ (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

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

- Type of notice sent

☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (if applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

ISBE 68-21 (9/19)

PrintReset Form

[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

Home

Direct Certification

SNAP/TANF/MEDICAID

Homeless/Migrant/Headstart

File Upload Match

Single Child Match

Direct Verification

CEP Validation File Match

Contact Us

Change RCDT

User Id:

RCDT:

Direct Verification

The *Electronic Direct Certification System* may be used to conduct Direct Verification of ONLY those Household Eligibility Applications selected for verification as part of the October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Applications upon receipt from the family.

If at least one of the students listed on the Household Eligibility Application are matched through *the Direct Verification link*, then the application is considered to be verified and no further contact with the household is needed. Print and attach this documentation to the application for proof of verification. If none of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the household must be contacted and documentation requested using traditional verification procedures.


An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and search criteria below:

1. First name, last name, and city.

Type of Search

☒ Name and Address

Search Criteria

Application Date *  mm/dd/yyyy

First Name *

Last Name *

City

Direct Verification

Home

Direct Certification

SNAP/TANF/MEDICAID

Homeless/Migrant/Headstart

File Upload Match

Single Child Match

Direct Verification

CEP Validation File Match

Contact Us

Change RCDT

User Id:RCDT:

Direct Verification

The *Electronic Direct Certification System* may be used to conduct Direct Verification of ONLY those Household Eligibility Applications selected for verification as part of the October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Applications upon receipt from the family.

If at least one of the students listed on the Household Eligibility Application are matched through *the Direct Verification link*, then the application is considered to be verified and no further contact with the household is needed. Print and attach this documentation to the application for proof of verification. If none of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the household must be contacted and documentation requested using traditional verification procedures.

An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and search criteria below:

1. First name, last name, and city.

Type of Search

☒ Name and Address

Search Criteria

Application Date *

mm/dd/yyyy


First Name *

Last Name *

City

66

Direct Verification Tracking



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

CONFIRMATION REVIEW AND
VERIFICATION TRACKING FORM

NUTRITION DEPARTMENT

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.

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.

- Change of benefit level occurred/will 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 _____ (Recommend 10 calendar days from the date the letter was sent.)

☐ Household did not respond to first request. Second notice completed _____ (Date).

- Response expected _____ (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was: <input type="checkbox"/> FREE based on SNAP/TANF case number <input type="checkbox"/> FREE based on Income and Household Size <input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	Verification resulted in: <input type="checkbox"/> No Change <input type="checkbox"/> FREE to REDUCED-PRICE <input type="checkbox"/> FREE to PAID <input type="checkbox"/> REDUCED-PRICE to FREE <input type="checkbox"/> REDUCED-PRICE to PAID	Reason for change: <input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Directly verified <input type="checkbox"/> Incomplete or no response <input type="checkbox"/> Other: _____
---	--	--

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

- Type of notice sent
☐ Mail ☐ Personal Contact ☐ Telephone


Effective date of status change (if applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

ISBE 68-21 (9/19)

Print Reset Form

Confirmation Review Tracking

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

CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM

NUTRITION DEPARTMENT

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 _____

Verification Tracking

☐ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent _____ (Date).

- Response expected _____ (Recommend 10 calendar days from the date the letter was sent.)

☐ Household did not respond to first request. Second notice completed _____ (Date).

- Response expected _____ (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

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

- Type of notice sent
☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (if applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

ISBE 68-21 (9/19) [Print](#) [Reset Form](#)

Confirmation Review (Prior to verification and only for applications selected for verification.)

Date of Confirmation Review: _____

- ☐ Initial determination was correct, continued with verification process.
- ☐ Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level.
- ☐ Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE.
- Change of benefit level occurred/will occur on _____ (Date). (Change must be within 3 days of confirmation review.)
- ☐ Initial determination was incorrect, status needed to be changed from FREE or REDUCED-PRICE to PAID. Households must be given a 10 day notice of change.
- Change of benefit level occurred/will occur on _____ (Date).

Signature of Confirming Official _____ Date _____

Verification 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

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 Must Verify Your Application

Date:

Dear

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 meals. You must send us information to prove the child(ren) is/are eligible.

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 by or your child(ren) will stop getting free or reduced-price meals.

1. If you were getting SNAP or TANF when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:

· SNAP or TANF Certification Notice that shows dates of certification.

· Letter from SNAP or Welfare Office that says you have received SNAP or TANF.

· Copy of the Illinois Department of Human Services medical card with appropriate SNAP or TANF case identification number.

2. 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)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.

3. If you choose not to comply with our request for verification of materials, you can inform the school by:

1) Signing and dating below, and returning form to school.

(Adult Household Member Signature)

(Date)

2) Or by calling at (Telephone)

Households that choose not to comply OR fail to comply with verification request will be changed to paid status.

The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

Send information to:

Acceptable papers include:

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 they are paid; or 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 Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: 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.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call at . The call is free.

(Name)

(Telephone Number)

Sincerely,


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, audiotope, 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.asic.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 (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: program.intake@usda.gov. This institution is an equal opportunity provider.

ISBE 68-10 MVAPP (10/17)

Print

Reset Form

"we must verify your application"

ILLINOIS
STATE BOARD OF
EDUCATION

74

<< School District Name and Logo>>

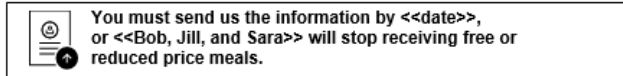
<<Household ID # _____>>



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 can send a Certification Notice for <<SNAP>>, <<TANF>>, or FDIPIR 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 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.asor.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 (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: program.intake@usda.gov.

This institution is an equal opportunity provider.

1

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 documents.

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

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDIPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDIPIR office that shows dates of certification. Do not send your EBT card.

If you send us one of the above documents, you are DONE. You do NOT need to send anything else.

IF NO, please read the following options and follow the instructions if they apply to you:

1. **Your child is homeless, migrant or runaway:** Contact <<school, homeless liaison, 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-xxxx>>.

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

2

Verification Toolkit-USDA

<< School District Name and Logo>>

<<Household ID # _____>>

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 FDIPIR 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 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.asor.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 (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: program.intake@usda.gov.

This institution is an equal opportunity provider.

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<< School District Name and Logo>>

<<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 documents.

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

IF YES, please send us your <<State SNAP>>, <<State TANF>> or FDIPIR Certification Notice that shows dates of certification. OR, you can send a letter from the <<State SNAP>>, <<State TANF>> or FDIPIR office that shows dates of certification. Do not send your EBT card.

If you send us one of the above documents, you are DONE. You do NOT need to send anything else.

IF NO, please read the following options and follow the instructions if they apply to you:

1. **Your child is homeless, migrant or runaway:** Contact <<school, homeless liaison, 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. Acceptable documents below. The document(s) must show:
 - Name of person who received the income
 - Date received
 - Amount received
 - How often it was received

Acceptable Documents for Showing Household Income

- **Jobs:** Paycheck 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)xxx-xxxx>>.
- Come in person to the office located at <<address>> to drop off the documents. Bring this letter with you.

2

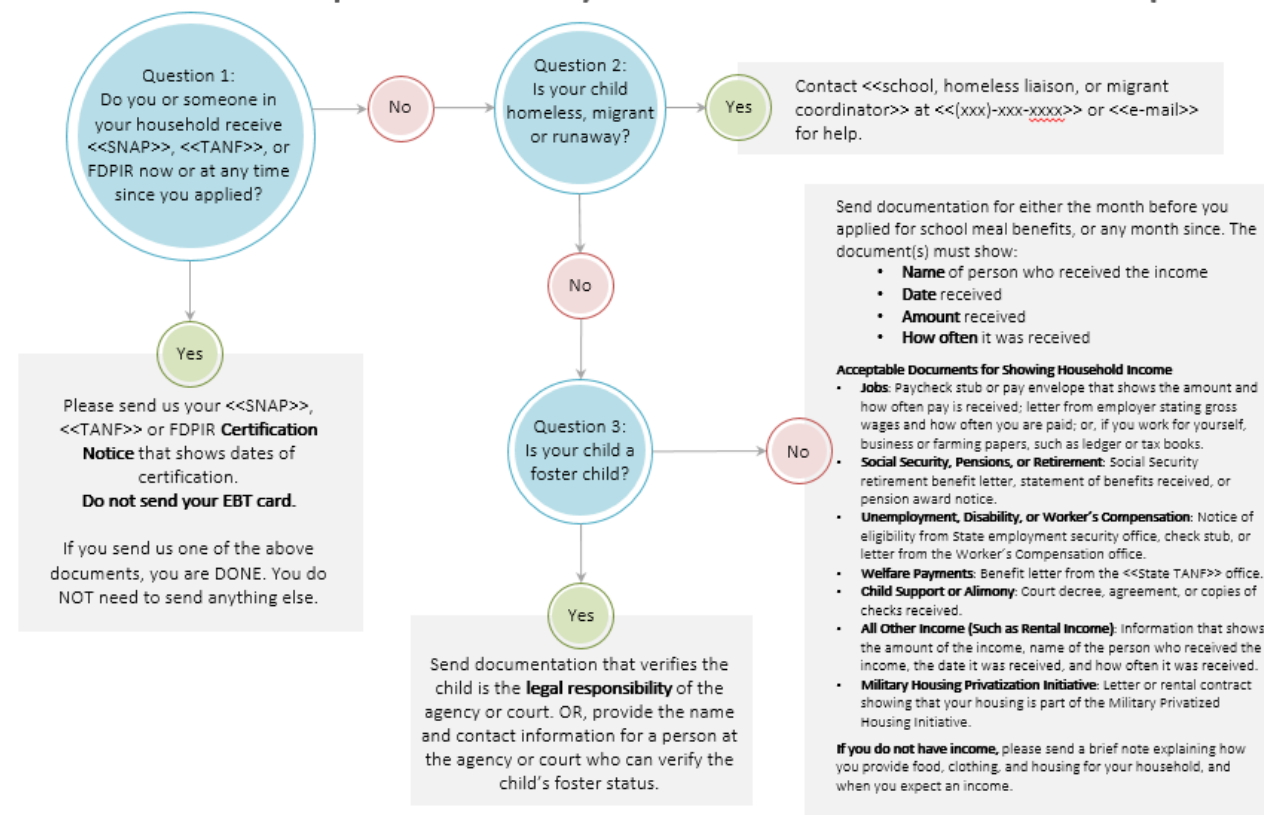
Verification Tools



[Verification Toolkit-USDA](#)

Verification Tools

How to respond to your verification request



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

Verification Tools



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

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

You may also submit your information by mail, or return it in person at your child's school. If you decide to send your documents by mail, please send them to: <<address>>.

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



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: <<address>>.

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 <<phone number>>.



Verification Tools

Sources of Income

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

Earnings from Work

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

Earnings from the U.S. Military

- ✦ Military basic pay or drill pay (portion available to the household if deployed)
- ✦ Military cash bonuses (excluding combat pay)
- ✦ Allowance for off-base housing (including BAH but excluding MHPI)
- ✦ Allowance for food or clothing (other than FSSA)

Public Assistance

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

Alimony and Child Support

Retirement Income

- ✦ Social Security retirement or survivor's benefits
- ✦ Railroad Retirement or Black Lung benefits
- ✦ Pension income

Unemployment and Disability

- ✦ Unemployment benefits
- ✦ Worker's compensation
- ✦ Strike benefits
- ✦ Social Security Disability Insurance (SSDI)
- ✦ Veteran's benefits

All Other Income

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


Child income

(Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income.)

- ✦ A full-time or part-time job
- ✦ Supplemental Security Income (SSI), if the child is disabled
- ✦ Social Security benefits for children of a disabled, retired, or deceased parent
- ✦ Money regularly received from extended family or friends outside the household
- ✦ Money from a pension, annuity, or trust

[Verification Toolkit-USDA](#)

An official website of the United States Government. [Here's how you know](#)

 **Food and Nutrition Service**
U.S. DEPARTMENT OF AGRICULTURE

[CONTACT US](#) [REPORT FRAUD](#) [ASK THE EXPERT](#) [USDA.GOV](#)

[HOME](#) [DATA & RESEARCH](#) [GRANTS](#) [NEWSROOM](#) [OUR AGENCY](#) [PROGRAMS](#)

Verification Toolkit

[HOME](#)

Toolkits

12/08/2018



ILLINOIS
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EDUCATION

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

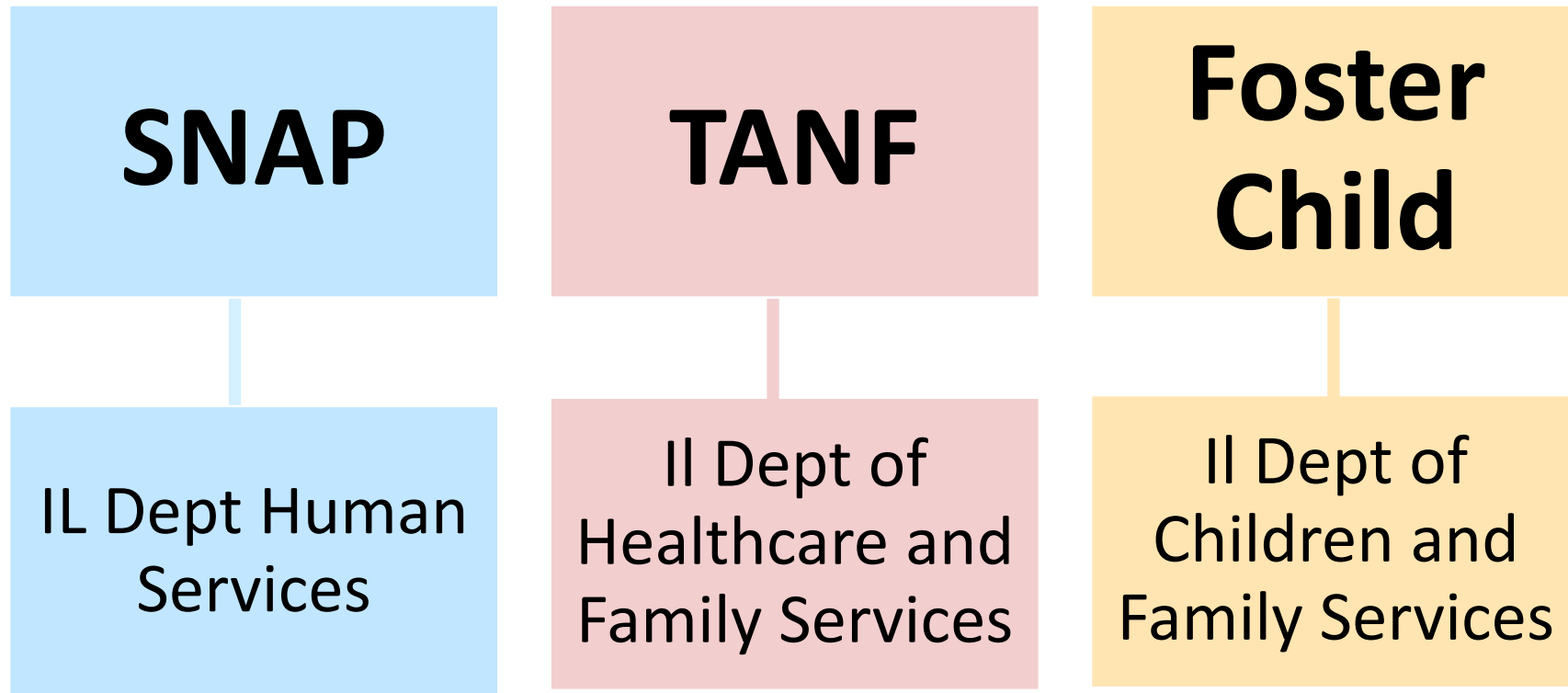
- ✓ Month prior to application or
- ✓ Any time from application to verification request

4. Recalculate income total

- ✓ Check for documentation for all income listed



Confirmation of Documentation



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

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 Have Verified Your Application

Date:

Dear:

We have checked the information you sent us to prove:

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
<div></div>	<div></div>	<div></div>	<div></div>

is/are eligible for free or reduced-price meals and it has been determined:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting

Date (1-3 operating days)

, your child(ren)'s eligibility for meals will be **changed from reduced-price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting

Date (ten calendar days)

, your child(ren)'s eligibility for meals will be **changed from free to reduced-price** because your income is over the limit. Reduced-price meals cost for lunch and for breakfast.

☐ Starting

Date (ten calendar days)

, **your child(ren) is/are no longer eligible** for free or reduced-price meals for the following reason(s):

☐ Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.

☐ Records show the child(ren) is not homeless, runaway, migrant, or Head Start

☐ Your income is over the limit for free or reduced-price meals.

☐ You did not provide:

☐ You did not respond to our request.

Meals cost for lunch and for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with at

Name

Telephone W/Area Code

You also have the right to a fair hearing. If you request a hearing by

Date

, your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to:

Name

Telephone W/Area Code

Address (Street, City, State, Zip Code)

Sincerely,

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, audiotope, 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 (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: program.intake@usda.gov. This institution is an equal opportunity provider.

[We Have Verified Your Application](#)



Notify Household

We Have Verified Your Application

Date:

Dear:

We have checked the information you sent us to prove:

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

is/are eligible for free or reduced-price meals and it has been determined:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting , your child(ren)'s eligibility for meals will be **changed from reduced-price** Date (1-3 operating days) **to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting , your child(ren)'s eligibility for meals will be **changed from free to reduced-price** because your income is over the limit. Reduced-price meals cost for lunch and for breakfast.

☐ Starting , **your child(ren) is/are no longer eligible** for free or reduced-price meals Date (ten calendar days)

for the following reason(s):

☐ Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.

☐ Records show the child(ren) is not homeless, runaway, migrant, or Head Start

☐ Your income is over the limit for free or reduced-price meals.

☐ You did not provide:

☐ You did not respond to our request.

Meals cost for lunch and for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

Notify Household

If you disagree with this decision, you may discuss it with _____ at _____.

Name

Telephone W/Area Code

You also have the right to a fair hearing. If you request a hearing by _____, your child(ren) will continue

Date


to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to:

_____	_____
Name	Telephone W/Area Code

Address (Street, City, State, Zip Code)	

Sincerely,

Verification Tracking

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

CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM

NUTRITION DEPARTMENT

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 _____

Verification Tracking

☐ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent _____ (Date).

• Response expected _____ (Recommend 10 calendar days from the date the letter was sent.)

☐ Household did not respond to first request. Second notice completed _____ (Date).

• Response expected _____ (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

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

• Type of notice sent

☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (If applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

ISBE 68-21 (9/19) [Print](#) [Reset Form](#)

Verification Tracking

☐ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent _____ (Date).

• Response expected _____ (Recommend 10 calendar days from the date the letter was sent.)

☐ Household did not respond to first request. Second notice completed _____ (Date).

• Response expected _____ (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

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

• Type of notice sent

☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (If applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

ISBE 68-21 (9/19)

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

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.



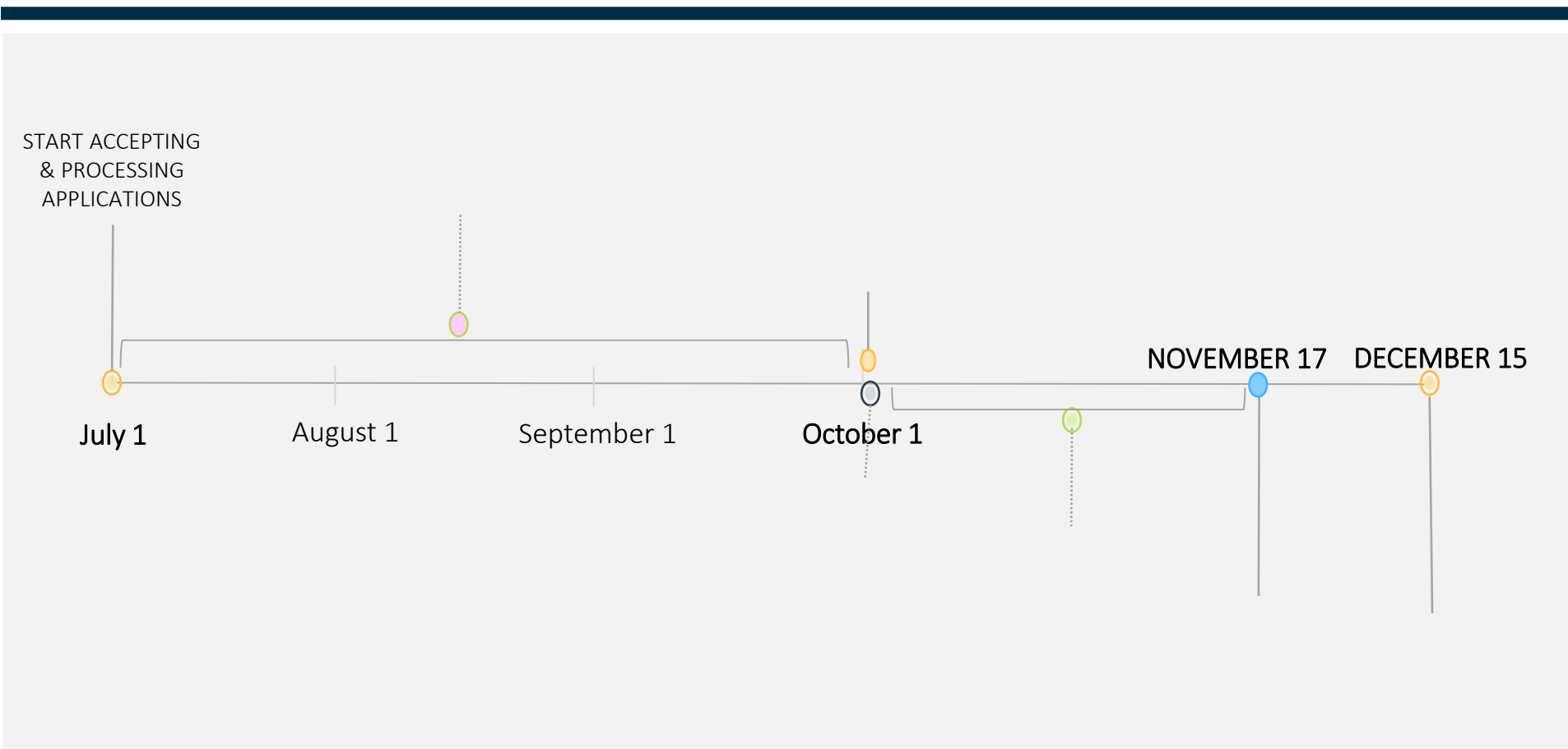
Once verification is complete, attach to the application all household documentation along with copies of all correspondence and keep in a secure location.



Maintain documentation for 3 years plus the current.

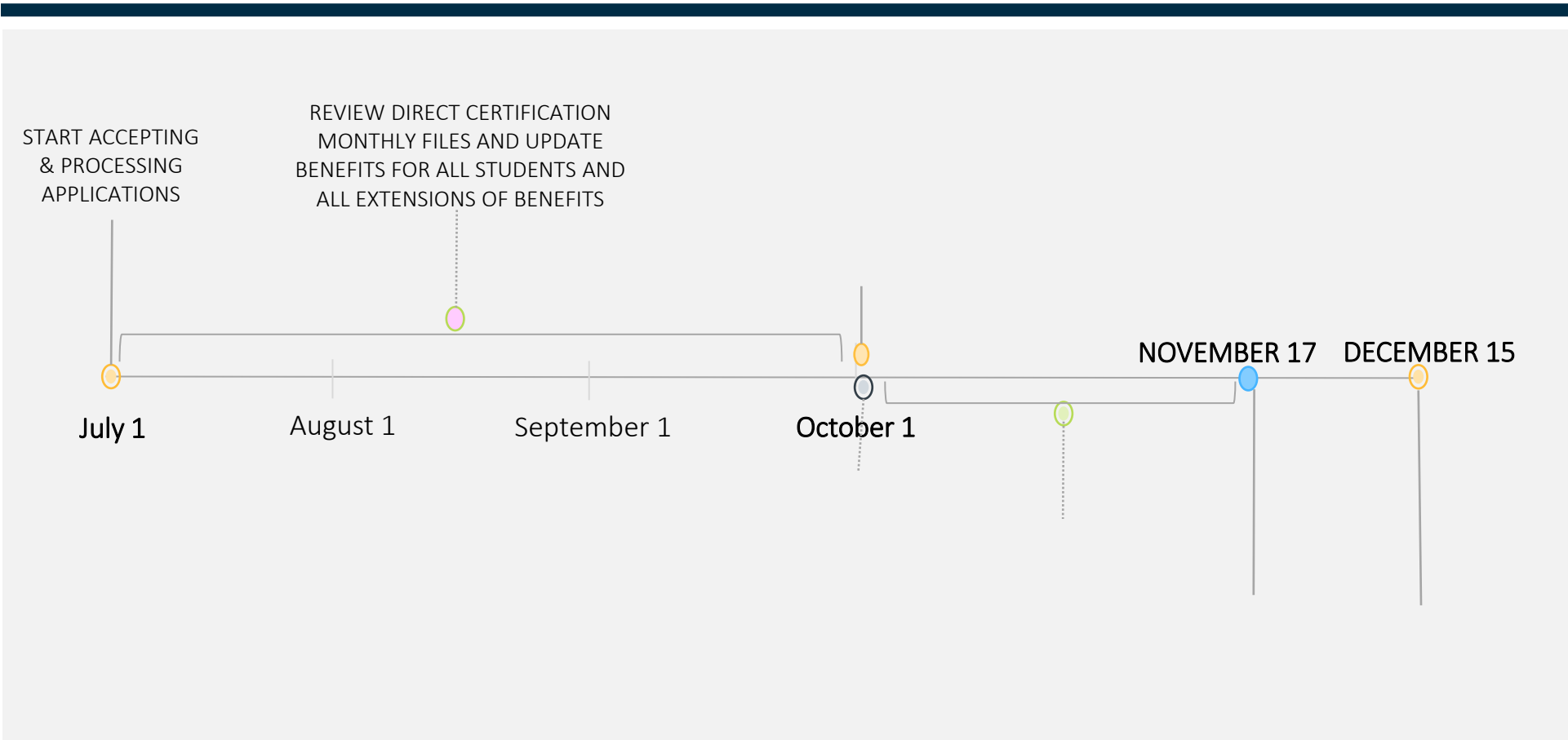
Verification Process

Timeline July 1st to December 15th



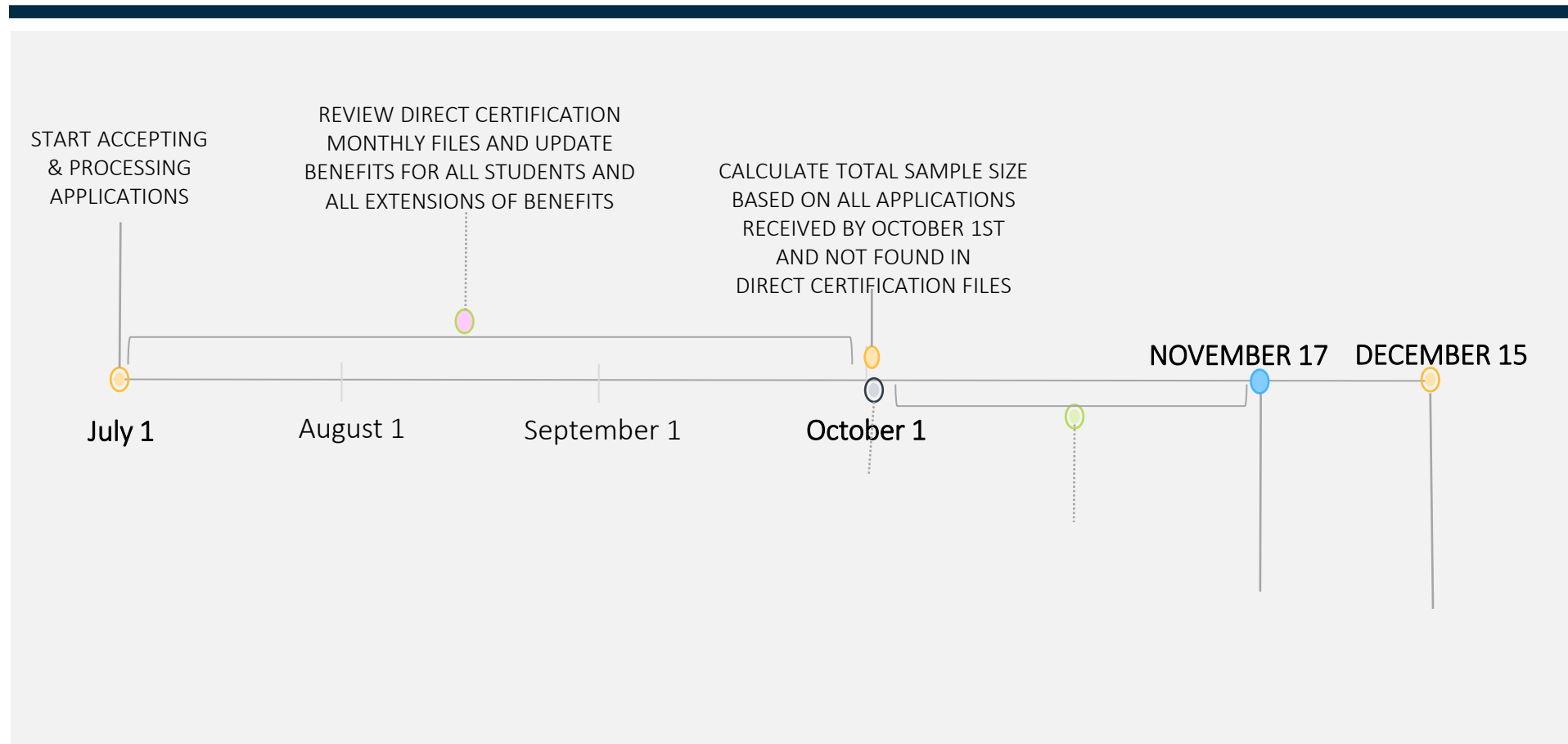
Verification Process

Timeline July 1st to December 15th



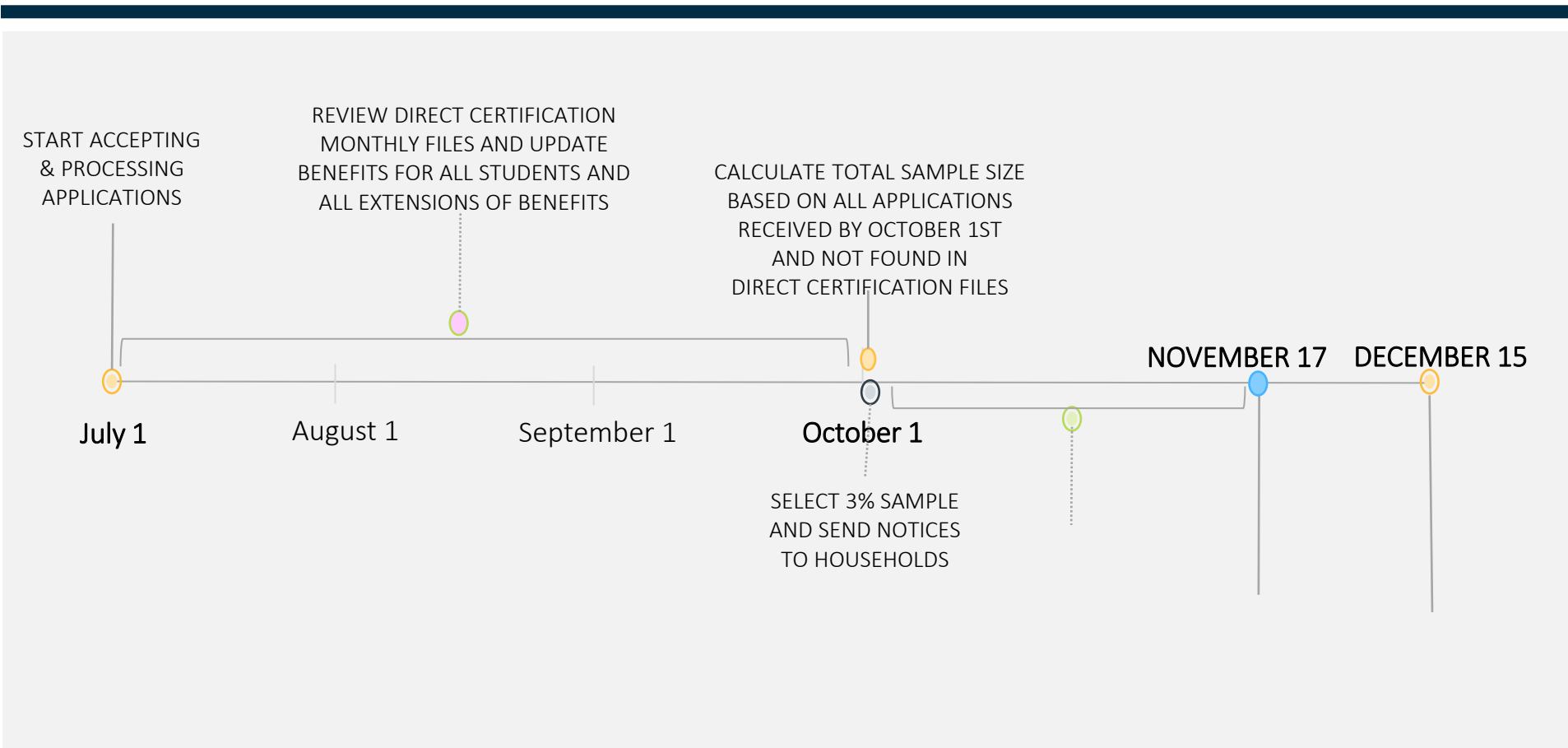
Verification Process

Timeline July 1st to December 15th



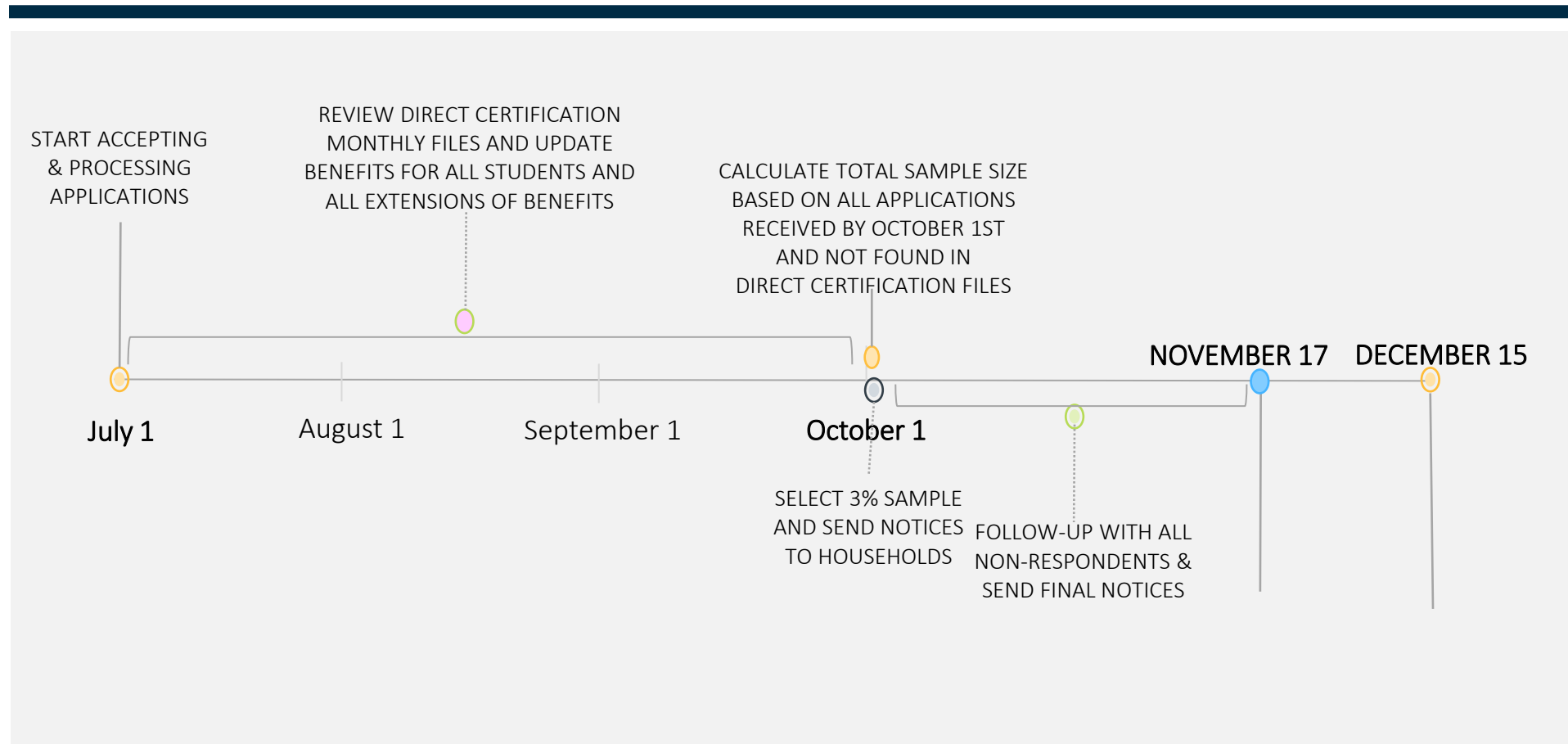
Verification Process

Timeline July 1st to December 15th



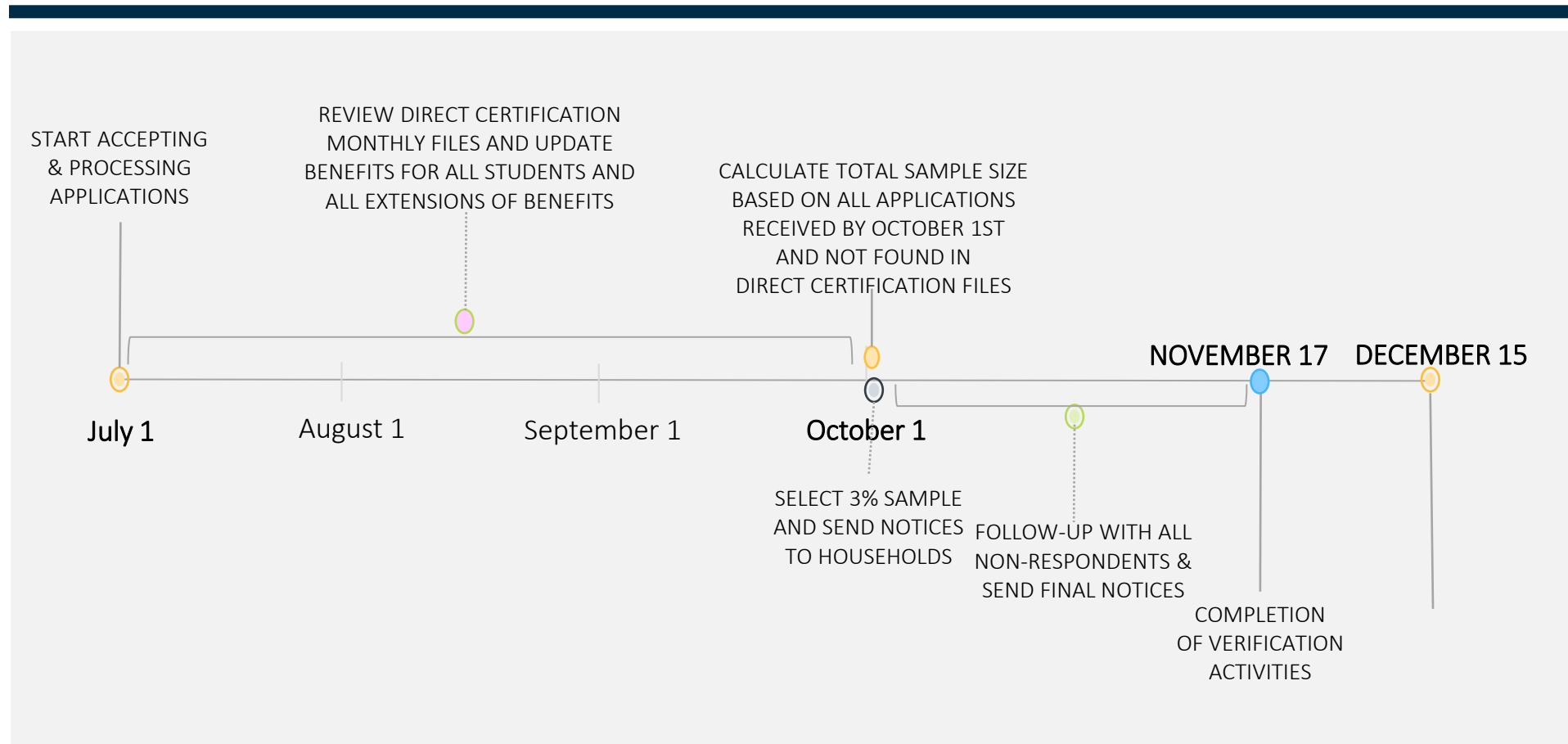
Verification Process

Timeline July 1st to December 15th



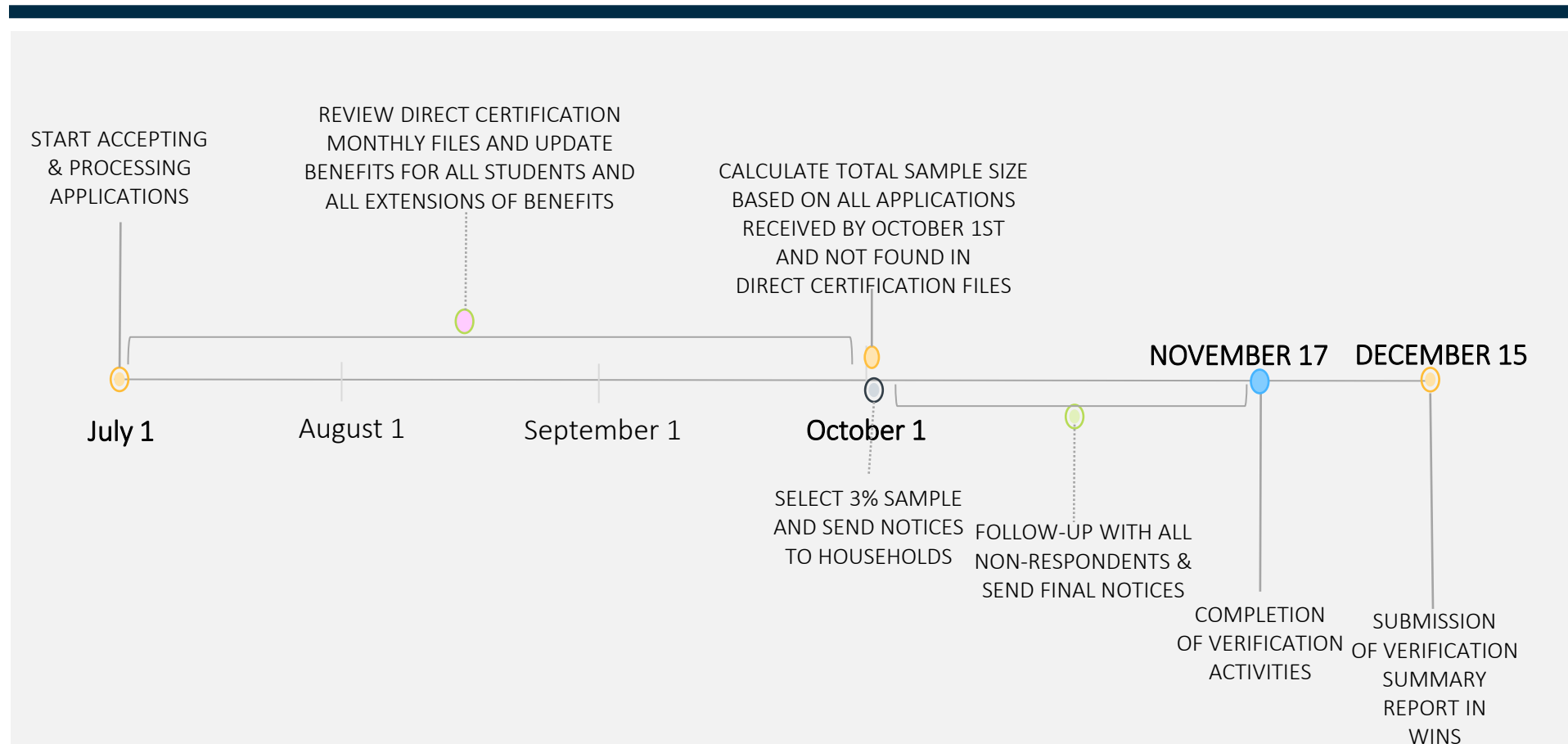
Verification Process

Timeline July 1st to December 15th



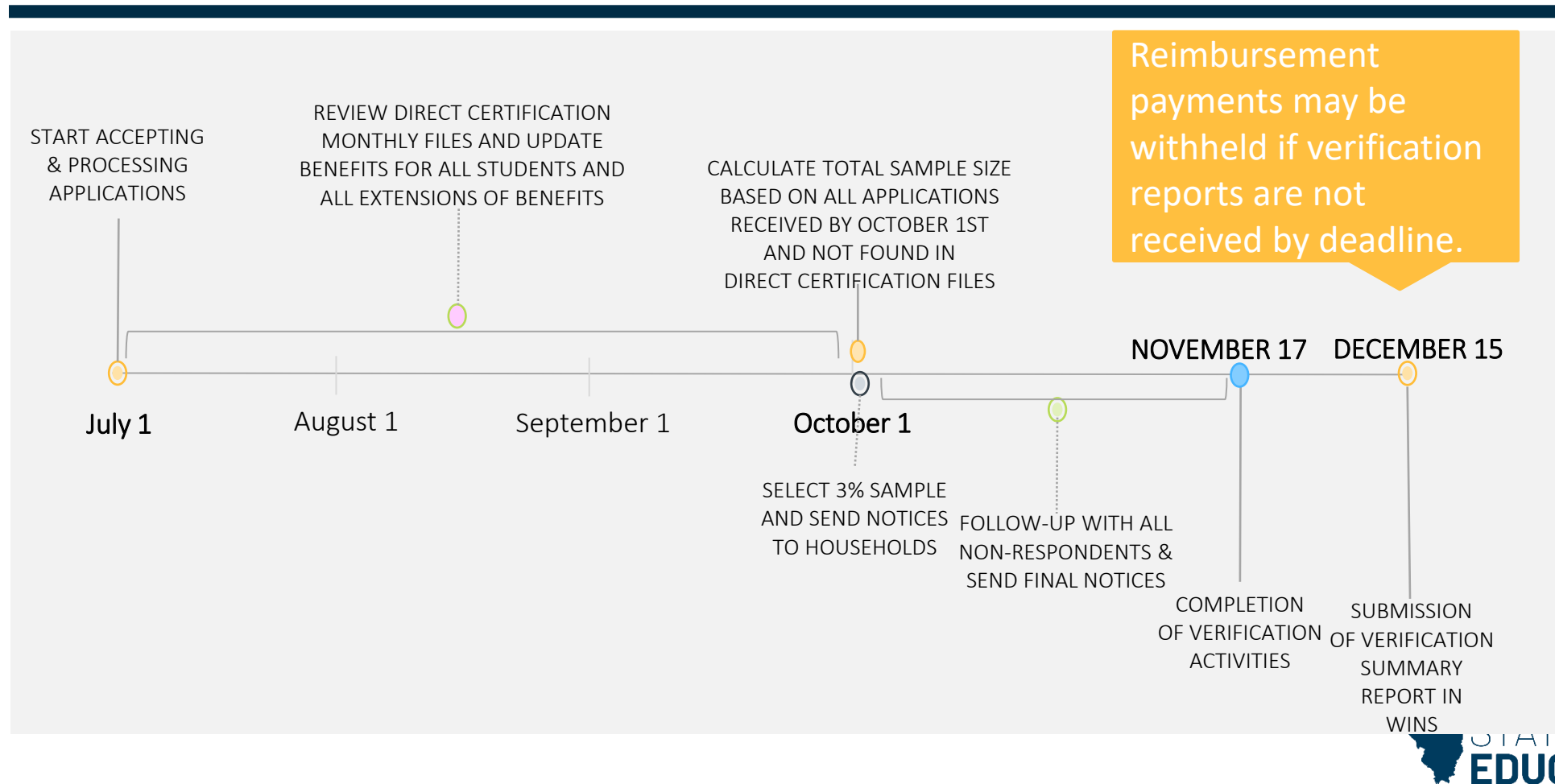
Verification Process

Timeline July 1st to December 15th



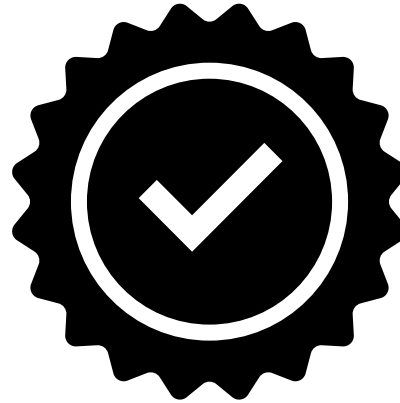
Verification Process

Timeline July 1st to December 15th



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

Pool
Cowboy/Peep
Charming
Pelekai
O'Malley
Mouse



Error Prone

O'Malley
Mouse



1 Application
Selected for
Verification

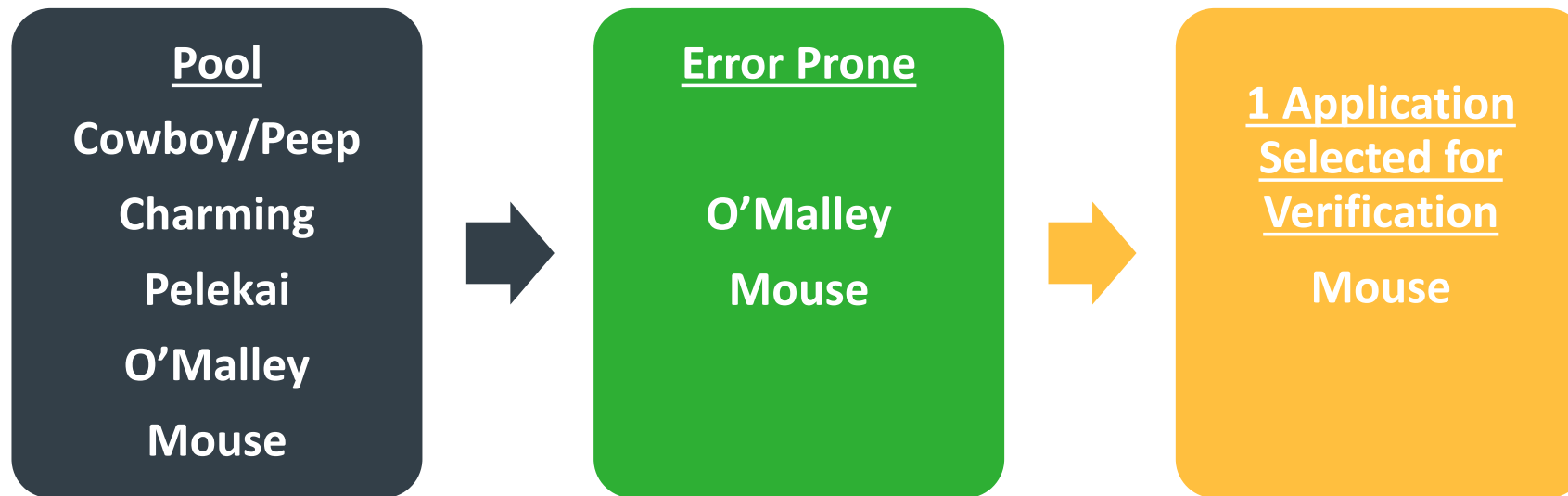
?

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

SCHOOL USE ONLY

☒ Check if Error Prone Application

And the winner is...



Mouse Household Eligibility Application

SCHOOL YEAR 2025 - 2026

APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT
Complete one application per household, per school district. Instructions on the back of this form.

SCHOOL USE ONLY
☒ Check if Free Priced Application

1. All Household Members (Attach another sheet of paper if necessary)
Include school name and grade if household member is a student.

First, Middle Initial, Last	School Name	Grade	SNAP OR TANF CASE NUMBER ONLY Skip to part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided for each member. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.	Check if Foster Child
Minnie D. Mouse	Epnot Elementary	2		<input type="checkbox"/>
Milo M. Mouse	Epnot Elementary	1		<input type="checkbox"/>
Mickey B. Mouse	Epnot Elementary	K		<input type="checkbox"/>
Micah C. Mouse				<input type="checkbox"/>

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

2. Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)
☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start
Signature of your school Homeless Liaison, Migrant Coordinator, or Head Start Director: _____ Date: _____

3. Total Household Gross Income (before deductions). You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings from Work (Before Deductions)	C. Welfare, Child Support, Alimony	D. Pensions, Retirement, Social Security	E. All Other Income (Worker's Comp., SSI, Unemployment, etc.)
	Amount	How often?	Amount	How often?
i. Minnie Mouse	\$ 536	weekly		
ii. Mickey Mouse	\$ 402	weekly		
iii.	\$			
iv.	\$			
v.	\$			

4. Signature and Social Security Number (Adult: Must Sign)
An adult household member must sign the application. If part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the box if they do not have a social security number.
I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.
Date: 8/11/2025 Printed Name of Adult Household Member: Minnie Mouse Signature of Adult Household Member: [Signature]

5. Contact Information (optional)
Work Telephone Number (include Area Code): _____ Home Telephone Number (include Area Code): _____ Home Address (Number, Street, City, State, ZIP Code): _____

6. Children's Ethnic and Racial Identities (optional)
Mark one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino
Mark one or more racial identities: ☐ Asian ☐ Black or African American ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

INITIAL DETERMINATION

TOTAL INCOME \$ 939 Per: ☒ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: 5 CHANGE IN STATUS: _____ DATE: _____

LEAS must annualize income ONLY when multiple incomes at varying frequencies are reported.
Annual Income: \$ 939 x 52 = \$ _____ Conversion: _____
Every 2 Weeks: \$ _____ x 26 = \$ _____
Twice a Month: \$ _____ x 24 = \$ _____
Once a month: \$ _____ x 12 = \$ _____

☒ Free based on:
☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start
☐ SNAP or TANF ☐ Foster Child ☒ Household's Income

☐ Reduced based on:
☐ Household's Income

☐ Denied - Reason:
☐ Income too high ☐ Incomplete Application ☐ Non-Qualifying SNAP/TANF

Signature of Determining Official: [Signature] Date Withdrawn: 8/11/2025

3. Total Household Gross Income (before deductions). You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings from Work (Before Deductions)	C. Welfare, Child Support, Alimony	D. Pensions, Retirement, Social Security	E. All Other Income (Worker's Comp., SSI, Unemployment, etc.)
	Amount	How often?	Amount	How often?
i. Minnie Mouse	\$ 536	weekly		
ii. Mickey Mouse	\$ 402	weekly		
iii.	\$			
iv.	\$			
v.	\$			

INITIAL DETERMINATION

TOTAL INCOME \$ 939 Per: ☒ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: 5 CHANGE IN STATUS: _____ DATE: _____

LEAS must annualize income ONLY when multiple incomes at varying frequencies are reported.
Annual Income: \$ 939 x 52 = \$ _____ Conversion: _____
Every 2 Weeks: \$ _____ x 26 = \$ _____
Twice a Month: \$ _____ x 24 = \$ _____
Once a month: \$ _____ x 12 = \$ _____

☒ Free based on:
☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start
☐ SNAP or TANF ☐ Foster Child ☒ Household's Income


☐ Reduced based on:
☐ Household's Income

☐ Denied - Reason:
☐ Income too high ☐ Incomplete Application ☐ Non-Qualifying SNAP/TANF

Signature of Determining Official: [Signature] Date Withdrawn: 8/11/2025

Confirmation Review & Verification Tracking Form

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.

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

**CONFIRMATION REVIEW AND
VERIFICATION TRACKING FORM**

NUTRITION DEPARTMENT

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 _____

Verification Tracking

☐ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent _____ (Date).

- Response expected _____ (Recommend 10 calendar days from the date the letter was sent.)

☐ Household did not respond to first request. Second notice completed _____ (Date).

- Response expected _____ (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely. OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

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

- Type of notice sent
☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (if applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

ISBE 68-21 (9/19)

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 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

The Electronic Direct Certification System may be used to conduct Direct Verification of ONLY those Household Eligibility Applications selected for verification as part of the October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Application upon receipt of the family.

If at least one of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the application is considered to be verified and no further contact with the household is needed. Print and attach this documentation to the application for proof of verification. If none of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the household must be contacted and documentation requested using traditional verification procedures.

An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and search the criteria below:

1. First name, last name, and city.

Type of Search ☒ Name and Address

Search Criteria

Application Date*	8/1/2025
First Name*	Marley
Last Name*	Mouse
City	

No Matching Records Found

Direct Verification

The Electronic Direct Certification System may be used to conduct Direct Verification of ONLY those Household Eligibility Applications selected for verification as part of the October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Application upon receipt of the family.

If at least one of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the application is considered to be verified and no further contact with the household is needed. Print and attach this documentation to the application for proof of verification. If none of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the household must be contacted and documentation requested using traditional verification procedures.

An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and search the criteria below:

1. First name, last name, and city.

Type of Search ☒ Name and Address

Search Criteria

Application Date*	8/1/2025
First Name*	Milo
Last Name*	Mouse
City	

No Matching Records Found

Direct Verification

The Electronic Direct Certification System may be used to conduct Direct Verification of ONLY those Household Eligibility Applications selected for verification as part of the October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Application upon receipt of the family.

If at least one of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the application is considered to be verified and no further contact with the household is needed. Print and attach this documentation to the application for proof of verification. If none of the students listed on the Household Eligibility Application are matched through the Direct Verification link, then the household must be contacted and documentation requested using traditional verification procedures.

An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and search the criteria below:

1. First name, last name, and city.

Type of Search ☒ Name and Address

Search Criteria

Application Date*	8/1/2025
First Name*	Micah
Last Name*	Mouse
City	

No Matching Records 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.

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 _____

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 _____

- 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 _____

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.

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 _____

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 _____

- 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 _____

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 10/3/2025

- ☒ 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 Carl Fredricksen Date 10/3/2025

Verification Tracking

- ☐ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent _____ (Date).
- Response expected _____ (Recommend 10 calendar days from the date the letter was sent.)
- ☐ Household did not respond to first request. Second notice completed _____ (Date).
- Response expected _____ (Recommend 3 business days from the date the letter was sent.)
- ☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:

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

Verification resulted in:

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

Reason for change:

- ☐ Income: \$ _____
- ☐ Household Size: _____
- ☐ Directly verified
- ☐ Incomplete or no response
- ☐ Other: _____

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

• Type of notice sent

☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (If applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

Verification Tracking

☒ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent 10/6/2025 (Date).

- Response expected 10/16/2025 (Recommend 10 calendar days from the date the letter was sent.)

☐ Household did not respond to first request. Second notice completed _____ (Date).

- Response expected _____ (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

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

- Type of notice sent

☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (If applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

We Must Verify Your Application Form

We Must Verify Your Application

Date:

Dear

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 meals. You must send us information to prove the child(ren) is/are eligible.

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

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 by or your child(ren) will stop getting free or reduced-price meals.

(Name) (Date)

1. If you were getting SNAP or TANF when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:

- SNAP or TANF Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have received SNAP or TANF.

2. 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)

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.

3. If you choose not to comply with our request for verification of materials, you can inform the school by:

1) Signing and dating below, and returning form to school.

(Adult Household Member Signature) (Date)

2) Or by calling at (Telephone)

Households that choose not to comply OR fail to comply with verification request will be changed to paid status.

The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

Send information to:

Acceptable papers include:

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 they are paid; or 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 Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: 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.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call at . The call is free.

(Name) (Telephone Number)

Sincerely,

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: Program.Intake@usda.gov. This institution is an equal opportunity provider.

ISBE 68-10A MVAPP (11/24)

Print Reset Form

We Must Verify Your Application

Date:

Dear

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 meals. You must send us information to prove the child(ren) is/are eligible.

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
Marley Mouse	Milo Mouse	Micah Mouse	

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 Really Outstanding Zero-error-maker by 10/16/2025 or your child(ren) will stop getting free or reduced-price meals.

(Name) (Date)

1. If you were getting SNAP or TANF when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:

- SNAP or TANF Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have received SNAP or TANF.

2. 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)
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.

We Must Verify Your Application Form

We Must Verify Your Application

Date: _____

 Dear _____:

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 meals. You must send us information to prove the child(ren) is/are eligible.

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

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
 child(ren) will stop getting free or reduced-price meals.

(Name)

(Date)

- If you were getting **SNAP** or **TANF** when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of the following:
 - SNAP or TANF Certification Notice that shows dates of certification.
 - Letter from SNAP or Welfare Office that says you have received SNAP or TANF.

- 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)

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.

- If you choose not to comply with our request for verification of materials, you can inform the school by:

1) Signing and dating below, and returning form to school.

 (Adult Household Member Signature)

 (Date)

2) Or by calling _____ at _____
 (Name) (Telephone)

Households that choose not to comply OR fail to comply with verification request will be changed to paid status.

The papers you send must show the **name** of the person who received the income, the date it was received, **how much** was received, and how often it was received.

Send information to:

Acceptable papers include:

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 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 Worker's

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: 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.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time you applied for benefits. If you do not have documentation, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call _____ at _____ The call is free.
 (Name) (Telephone Number)

Sincerely,

For all other PHS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or marital or marital status for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad3027.pdf> from any USDA office, by calling (866) 632-6992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD 3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: Program.intake@usda.gov. This institution is an equal opportunity provider.

ISBE 68-10A MVAPP (11/24)

Print

Reset Form

We Must Verify Your Application

Date: 10/06/2025

require that we do this to make sure only eligible children get free or reduced-price meals. You must send

CHILD NAME (First and Last)	CHILD NAME (First and Last)
Micah Mouse	

Use reverse side if necessary

ny will be sent back to you only if you ask.

by 10/16/2025 or your

(Name) (Date)

free or reduced-price meals, or at any time since then, send us a copy of one of these:

ertification.

ceived SNAP or TANF.

A. Write name of each adult household member below.

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.

Verification Tracking

☒ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent 10/6/2025 (Date).

- Response expected 10/16/2025 (Recommend 10 calendar days from the date the letter was sent.)

☒ Household did not respond to first request. Second notice completed 10/17/2025 (Date).

- Response expected 10/22/2025 (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number <input type="checkbox"/> FREE based on Income and Household Size <input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> No Change <input type="checkbox"/> FREE to REDUCED-PRICE <input type="checkbox"/> FREE to PAID <input type="checkbox"/> REDUCED-PRICE to FREE <input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Directly verified <input type="checkbox"/> Incomplete or no response <input type="checkbox"/> Other: _____

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

- Type of notice sent
 - ☐ Mail
 - ☐ Personal Contact
 - ☐ Telephone

Effective date of status change (If applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

We Must Verify Your Application Form (Second Request)

We Must Verify Your Application

Date:

10/17/2025

Dear

Mr. and Mrs. Mouse

:

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 NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
Marley Mouse	Milo Mouse	Micah Mouse	

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

Really Outstanding Zero-error-maker

by

10/22/2025

or your

child(ren) will stop getting free or reduced-price meals.

(Name)

(Date)

1. If you were getting SNAP or TANF when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:

- SNAP or TANF Certification Notice that shows dates of certification.

- Letter from SNAP or Welfare Office that says you have received SNAP or TANF.

2. 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)
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.

We Must Verify Your Application Form (Second Request)

We Must Verify Your Application

Date: 10/17/2025

Dear Mr. and Mrs. Mouse:

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

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
Marley Mouse		

If possible, send copies, not original papers. If

You must send the information we need, or

child(ren) will stop getting free or reduced-

1. If you were getting SNAP or TANF

- SNAP or TANF Certification Not

- Letter from SNAP or Welfare Office that says you have received SNAP or TANF.

2. 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)
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.

by 10/22/2025

or your

(Date)

ne since then, send us a copy of one of these:

Household provided
paystubs

- **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...

MM Clubhouse, Inc.
123 Main Street
Disney, IL 12345

Pay Stub Detail
PAY DATE: 07/21/2025
NET PAY: \$402.00

Mickey Mouse
10 Toontown Lane
Disney, IL 12345

EMPLOYER

MM Clubhouse, Inc.
123 Main Street
Disney, IL 12345

(123) 456-7890

EMPLOYEE

Mickey Mouse
10 Toontown Lane
Disney, IL 12345

SS: XX-XXXX-5678

PAY PERIOD

Period Beginning 07/14/2025
Period End 07/18/2025
Pay Date 07/21/2025

NET PAY:

\$402.00

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

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

NET PAY

\$402.00

EMPLOYER

MM Clubhouse, Inc.

123 Main Street

Disney, IL 12345

(123) 456-7890

EMPLOYEE

Mickey Mouse

10 Toontown Lane

Disney, IL 12345

SS: XX-XXXX-5678

PAY PERIOD

Period Beginning07/14/2025

Period End07/18/2025

Pay Date07/21/2025

NET PAY:

\$402.00

PAY

Hours

Rate

Current

YTD

HOURLY

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\$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

DEDUCTIONS

Federal Tax

\$59.00

FICA

\$65.00

FICA Medicare

\$7.00

State Tax

\$34.00

TOTAL DEDUCTIONS

\$165.00

NET PAY

\$402.00

EMPLOYER

MM Clubhouse, Inc.
123 Main Street
Disney, IL 12345

(123) 456-7890

EMPLOYEE

Mickey Mouse
10 Toontown Lane
Disney, IL 12345

SS: XX-XXXX-5678

PAY PERIOD

Period Beginning 07/14/2025
Period End 07/18/2025
Pay Date 07/21/2025

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
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TOTAL DEDUCTIONS	\$165.00

EMPLOYER

MM Clubhouse, Inc.
123 Main Street
Disney, IL 12345

(123) 456-7890

EMPLOYEE

Mickey Mouse
10 Toontown Lane
Disney, IL 12345

SS: XX-XXXX-5678

PAY PERIOD

Period Beginning 07/14/2025
Period End 07/18/2025
Pay Date 07/21/2025

NET PAY: \$402.00

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	\$34.00
TOTAL DEDUCTIONS	\$165.00

- ✓ 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)

Now let's review Minnie's paystub...

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

Now let's review Minnie's paystub...

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

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

Now let's review Minnie's paystub...

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

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

Now let's review Minnie's paystub...

MAIN STREET FLOWERS

320 Main Street

Disney, IL 12345

Date: 07-14-2025

WEEKLY PAY STUB

WEEK28

NET PAY\$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	5	\$22.50	112.50	Social Security	\$37.00
BONUS: Paystub includes overtime pay				Federal Income Tax	\$72.00
				State Income Tax	\$55.00
			GROSS PAY	DEDUCTIONS	
			\$712.50	\$176.50	

BONUS: Paystub includes overtime pay

Now let's review Minnie's paystub...

MAIN STREET FLOWERS

320 Main Street

Disney, IL 12345

Date: 07-14-2025

WEEKLY PAY STUB

WEEK28

NET PAY\$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		5	\$22.50	112.50	Social Security	\$37.00
<div>BONUS: Paystub includes overtime pay</div>					Federal Income Tax	\$72.00
					State Income Tax	\$55.00
				GROSS PAY	DEDUCTIONS	
				\$712.50	\$176.50	

BONUS: Paystub includes overtime pay

- 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 one-time or sporadic source of income, exclude from the income recalculation
 - Document it!

Now let's review Minnie's paystub...

MAIN STREET FLOWERS				WEEKLY PAY STUB	
320 Main Street				WEEK	NET PAY
Disney, IL 12345				28	\$536.00
Date: 07-14-2025					
EMPLOYEE INFORMATION		SSN	EMPLOYEE ID		
MINNIE MOUSE		XXX-XX-1357	98765		
10 Toontown Lane					
Disney, IL 12345					
GROSS EARNINGS	HOURS/QTY	RATE	AMOUNT	DEDUCTIONS	
Hourly	40	\$15.00	\$600.00	Medical Care	
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	

- After working with the Mouse household, it was determined that overtime pay is rarely received
- In this case, recalculate Minnie's income without the overtime pay

BONUS: Paystub includes overtime pay

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 \text{ (gross)} - \$112.50 \text{ (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
 $\$567.00 + \$600.00 = \$1,167.00$ 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											
	Free Meals 130% Federal Poverty Guideline						Reduced-Price Meals 185% Federal Poverty Guideline				
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

Mouse household now qualifies for reduced-price meals based on household size and income

Income Eligibility Guidelines Effective from July 1, 2018											
Free Meals 130% Federal Poverty Guideline						Reduced Price Meals 100% Federal Poverty Guideline					
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
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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
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For each additional family member, add	7,150	596	298	275	138	For each additional family member, add	10,175	848	424	392	196

Verification Tracking

☒ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent 10/6/2025 (Date).

- Response expected 10/16/2025 (Recommend 10 calendar days from the date the letter was sent.)

☒ Household did not respond to first request. Second notice completed 10/17/2025 (Date).

- Response expected 10/22/2025 (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number <input type="checkbox"/> FREE based on Income and Household Size <input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> No Change <input type="checkbox"/> FREE to REDUCED-PRICE <input type="checkbox"/> FREE to PAID <input type="checkbox"/> REDUCED-PRICE to FREE <input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Directly verified <input type="checkbox"/> Incomplete or no response <input type="checkbox"/> Other: _____

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

- Type of notice sent
 - ☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (If applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

Verification Tracking

☒ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent 10/6/2025 (Date).

- Response expected 10/16/2025 (Recommend 10 calendar days from the date the letter was sent.)

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Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input checked="" type="checkbox"/> Income: \$ <u>1,167</u>
<input checked="" type="checkbox"/> FREE based on Income and Household Size	<input checked="" type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

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

- Type of notice sent

☐ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (If applicable): _____ (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official _____ Date _____

We Have Verified Your Application Form

We Have Verified Your Application

Date:

Dear:

We have checked the information you sent us to prove:

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)

is/are eligible for free or reduced-price meals and it has been determined:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting

Date (1-3 operating days)

 your child(ren)'s eligibility for meals will be **changed from reduced-price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting

Date (ten calendar days)

 your child(ren)'s eligibility for meals will be **changed from free to reduced-price** because your income is over the limit. Reduced-price meals cost for lunch and for breakfast.

☐ Starting

Date (ten calendar days)

your child(ren) is/are no longer eligible for free or reduced-price meals

for the following reason(s):

☐ Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.

☐ Records show the child(ren) is not homeless, runaway, migrant, or Head Start

☐ Your income is over the limit for free or reduced-price meals.

☐ You did not provide:

☐ You did not respond to our request.

Meals cost for lunch and for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with

Name

 at

Telephone W/Area Code

.

You also have the right to a fair hearing. If you request a hearing by

Date

, your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to:

Name

Telephone W/Area Code

Address (Street, City, State, ZIP Code)

Sincerely,

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD 3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: ProgramIntake@usda.gov. This institution is an equal opportunity provider.

ISBE 68-09 HVAPP (1/25)

Print

Reset Form

We Have Verified Your Application

Date:

10/23/2025

Dear:

Mr. and Mrs. Mouse

We have checked the information you sent us to prove:

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
Marley Mouse	Milo Mouse	Micah Mouse	

is/are eligible for free or reduced-price meals and it has been determined:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting

Date (1-3 operating days)

 your child(ren)'s eligibility for meals will be **changed from reduced-price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☒ Starting

11/3/2025

Date (ten calendar days)

 your child(ren)'s eligibility for meals will be **changed from free to reduced-price** because your income is over the limit. Reduced-price meals cost

\$0.40

 for lunch and

\$0.30

 for breakfast.

☐ Starting

Date (ten calendar days)

your child(ren) is/are no longer eligible for free or reduced-price meals

for the following reason(s):

☐ Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.

☐ Records show the child(ren) is not homeless, runaway, migrant, or Head Start

☐ Your income is over the limit for free or reduced-price meals.

☐ You did not provide:

☐ You did not respond to our request.

Meals cost for lunch and for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

Verification Tracking

☒ DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent 10/6/2025 (Date).

- Response expected 10/16/2025 (Recommend 10 calendar days from the date the letter was sent.)

☒ Household did not respond to first request. Second notice completed 10/17/2025 (Date).

- Response expected 10/22/2025 (Recommend 3 business days from the date the letter was sent.)

☐ Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:	Verification resulted in:	Reason for change:
<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input checked="" type="checkbox"/> Income: \$ <u>1,167</u>
<input checked="" type="checkbox"/> FREE based on Income and Household Size	<input checked="" type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

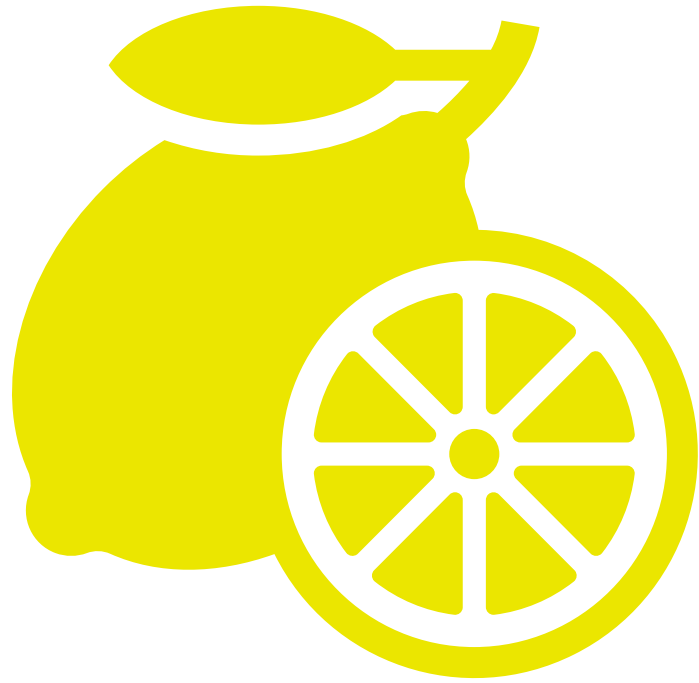
Date verification result was sent or notice of status change was made: 10/23/2025

- Type of notice sent

☒ Mail ☐ Personal Contact ☐ Telephone

Effective date of status change (If applicable): 11/3/2025 (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official Really Outstanding Zero-error-maker Date 10/23/2025



Easy Peasy Lemon Squeezy

Verification Q & A

Q.) How many pay stubs are required?

Verification Q & A

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.

Verification Q & A

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

Verification Q & A

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.

Verification Q & A

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

Verification Q & A

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 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

October 1st:

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

November 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

November 1st:

VSR Step 2-5 Opens in WINS

* November 15TH:

Verification process is to be completed

*November 17, 2025

December 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

By December 15th:

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

Contact Information

ISBE Nutrition Department

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