



Illinois State Board of Education

School Year 2023-2024 Verification Process and Verification Summary Report

Equity • Quality • Collaboration • Community

Agenda

- **Who does not need to conduct verification process?**
- **Who needs to conduct verification process?**
- **Verification Process**
- **Verification Summary Report- Step 1**
- **Verification tools**
- **Examples and activities**



Who is required or not required to conduct Verification of Eligibility? School Year 2023-2024



Who is NOT required to conduct Verification?

School Year 2023-2024

Community Eligibility Provision (CEP) districtwide

No household applications =

- **No Verification**
- **No Verification Summary Report**

Residential Child Care Institute (RCCI)

Children who reside in RCCI

Who is required to conduct Verification of Eligibility?
School Year 2023-2024

**ALL School Nutrition Program (SNP)
sponsors who collected
Household Eligibility Applications (HEA)
July 1-October 1, 2023**

Terms- Verification

Verification= reconfirmation of eligibility for FREE and REDUCED-PRICE meals under the NSLP and SBP.

- Verification of 3% household eligibility application(s)
- Contacting household to request documentation to support information on the household eligibility application previously approved for benefits
- Students or households that are directly certified, or are categorically eligible, ARE NOT subject to verification.

Terms- Verification for Cause

- Applications *verified for cause* are **in addition to** the required 3% sample size.
- A Local Education Agency (LEA) has an obligation to verify questionable applications, or applications where LEAs have firsthand knowledge that information provided is incorrect.
- Must follow Steps 2-4 of the Verification Process.

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.



Household Eligibility Applications

July							2023
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	
						2	
						3	
						4	
						5	
						6	
						7	
						8	
						9	
						10	
						11	
						12	
						13	
						14	
						15	
						16	
						17	
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						22	
						23	
						24	
						25	
						26	
						27	
						28	
						29	
						30	
						31	

August							2023
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	
						2	
						3	
						4	
						5	
						6	
						7	
						8	
						9	
						10	
						11	
						12	
						13	
						14	
						15	
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						20	
						21	
						22	
						23	
						24	
						25	
						26	
						27	
						28	
						29	
						30	
						31	

September							2023
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	
						2	
						3	
						4	
						5	
						6	
						7	
						8	
						9	
						10	
						11	
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						22	
						23	
						24	
						25	
						26	
						27	
						28	
						29	
						30	
						31	

October							2023
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	
						2	
						3	
						4	
						5	
						6	
						7	
						8	
						9	
						10	
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						27	
						28	
						29	
						30	
						31	

APPLICATION FOR FREE MEALS AND REDUCED PRICE MEALS - Complete This Application For School Status. Indications as to:

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

NAME OF ALL MEMBERS & ADDRESS

DATE OF BIRTH

RELATIONSHIP TO APPLICANT

STATUS (e.g., Migrant, Runaway, Head Start)

TOTAL HOUSEHOLD GROSS INCOME (before deductions)

ADULT SIGNATURE AND SOCIAL SECURITY NUMBER

CONTACT INFORMATION (Optional)

CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional)

INITIAL DETERMINATION

FREE MEALS OR REDUCED PRICE MEALS

APPLICANT'S SIGNATURE



October 1st Data Collection



Snapshot of Benefits

Use the individual student data on
October 1*
to process step 1 verification

- Direct Certification Status
- Application Status

*Use data *as of October 1, 2023*, collected on October 2nd or after is allowed



Approved Household Eligibility Applications (HEA)

HEA Income-Free benefits

HEA Income-Reduced benefits

HEA SNAP/TANF-Free benefits

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



Use Direct Certification System-



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

July 1, 2023 Annual File
Free benefits
Reduced Benefits



Illinois State Board of Education

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

Use Direct Certification System-



July 1, 2023, Annual File

Free benefits

Reduced Benefits

August 1, 2023, to June 20, 2024

Monthly reports provide any additional students added since the annual file.

Free benefits

Reduced Benefits



Use Direct Certification System- **Free Benefits**

Before counting applications:

- ✓ 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:

- ✓ 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 found directly certified as free, change student benefit level to free.



Use Direct Certification System- **REDUCED Medicaid Benefits**

EXACT Matches:

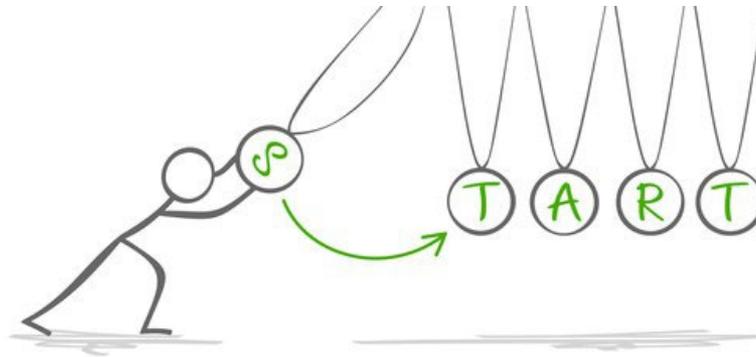
First Name	Last Name	Birth Date	Sex	Assistance Source	Agency Identifier	Street Address	City	State	Zip
Student Name		00/00/00	M/F	Reduced Medicaid			CHICAGO	IL	606440000

Total Number of EXACT Matches: 1



Verification Process

October 1 (October 2, 2023)



Term-Categorically Eligible

Students **Directly Certified**

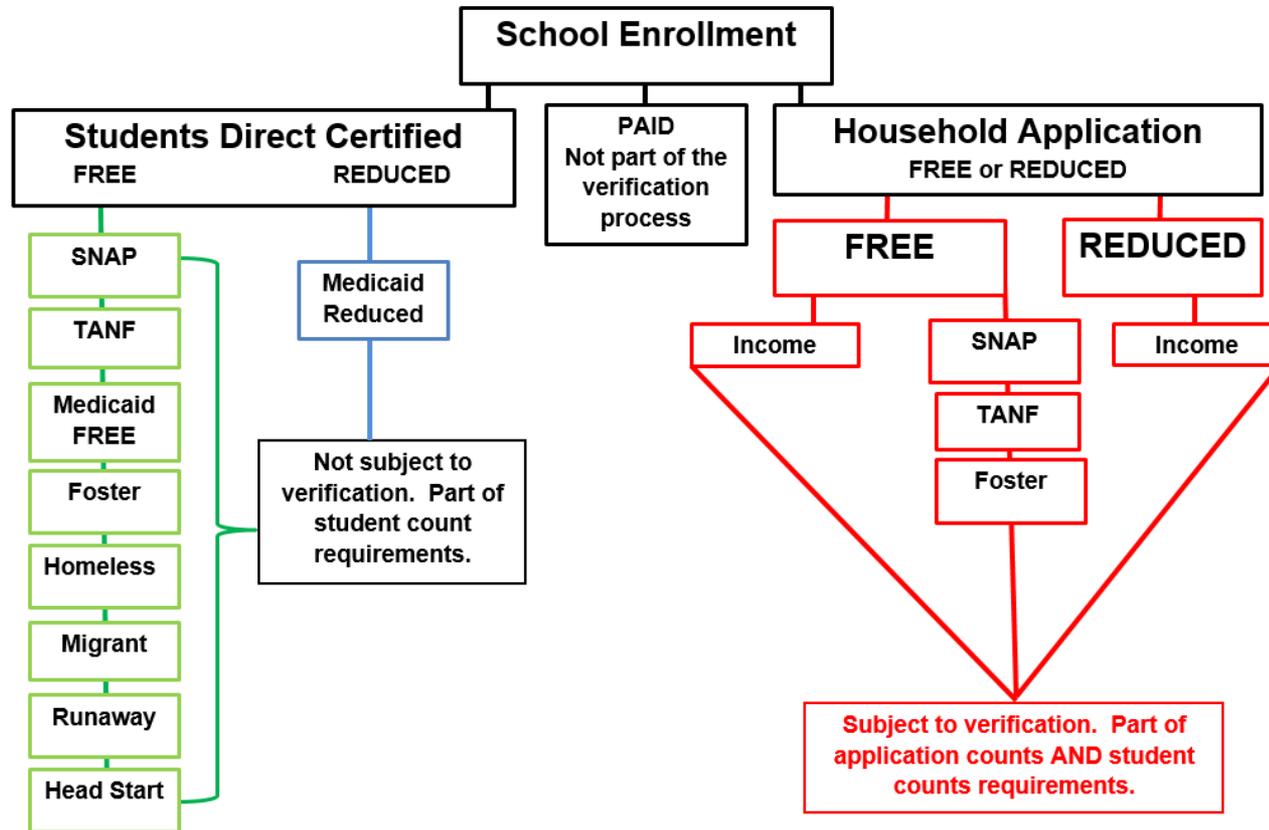
- SNAP and extension of SNAP benefits
- TANF and extension of TANF benefits
- FREE Medicaid and extension of Free Medicaid benefits
- Homeless
- Foster
- REDUCED Medicaid and extension of Reduced Medicaid benefits

Students **documented** as:

- Head Start
- Homeless
- Foster
- Migrant
- Runaway

Categorically eligible do not require verification

Directly Certified vs Household Application



Extension of Benefits

- **Household Eligibility Application(s)**
 - Applies to all students receiving benefits based on
 - Household Income,
 - SNAP, or
 - TANF
- **Directly Certified**
 - Applies to all students receiving benefits based on
 - SNAP,
 - TANF,
 - Free or Reduced Medicaid
- **Does NOT apply to**
 - Foster
 - Homeless
 - Runaway



Extension of Benefits

- Household Eligibility Application(s)
 - Applies to all students receiving benefits based on
 - Household Income,
 - SNAP, or
 - TANF
- **Directly Certified**
 - Applies to all students receiving benefits based on
 - SNAP,
 - TANF,
 - Free or Reduced Medicaid
- Does NOT apply to
 - Foster
 - Homeless
 - Runaway

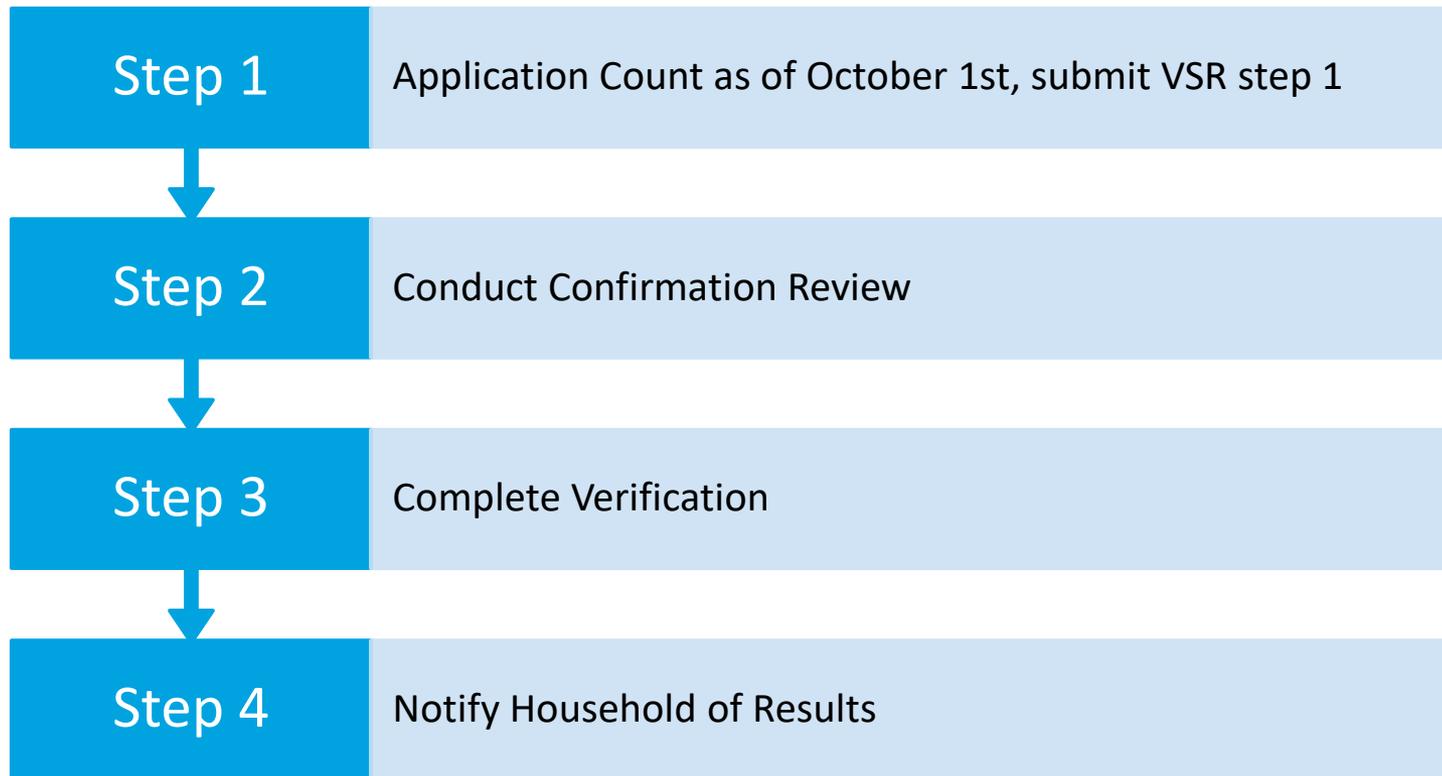


Extension of Benefits

- Household Eligibility Application(s)
 - Applies to all students receiving benefits based on
 - Household Income,
 - SNAP, or
 - TANF
- Directly Certified
 - Applies to all students receiving benefits based on
 - SNAP,
 - TANF,
 - Free or Reduced Medicaid
- Does NOT apply to
 - Foster
 - Homeless
 - Runaway



Verification Process



Verification Process

Step 1

Application Count as of October 1st,
submit VSR step 1



Step 1 – Application Count

As of October 1 (October 2, 2023)

Step 1 – Application Count, (PAPER)

- Establish **Pool**= total number of applications that are approved for meal benefits and not found in direct certification files.
- Select **Sample**= calculate 3% of pool and randomly select applications.

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.

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

Step 1 Application Counts: Section for reporting **paper applications only**. Do not count students on each application. Prior to reporting Household Eligibility Application(s), count search for students listed on all application(s) in the Direct Certification system and remove any applications from this count that were found to be directly certified. Report only applications for student(s) that could not be directly certified.

Step 1: Application Count

Question 1:

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

Applications that household(s) provided a SNAP or TANF case number _____ application(s)

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

Total applications application(s)

Enter application total on Step 1, Question 1

Question 2:

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

Enter application total on Step 1, Question 2

Question 3:

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

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

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

<https://www.isbe.net/Documents/VSR-data-collection-form.pdf>



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Verification Summary Report-VSR

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 Counts  Batch Participation Detail  Add/Remove Detail Dates  Batch Site Questionnaire  Batch Site Participation + Add New Site x Deactivate/Re-activate Site(s) x Deactivate Sponsor ! Review Citation Responses  Supply Chain Assistance (SCA)  Waivers 		<ul style="list-style-type: none">  Enroll Site In New Program  Edit Site Questionnaire  Edit Program Participation  Edit Participation Detail 		
Reports		Budget		
<ul style="list-style-type: none">  Waiver Submissions  Applications Not Received  NSLP Verification Summary Report  Direct Certification  Deleted Sites  Claim Data Report  Summary Reports - Applications Submitted for Sponsor  Summary Reports - Applications Submitted for Sites  Summary Reports - List of Sites and Applications Submitted 		No WINS Budgets required.		



Verification Summary Report

Verification Summary Report Data Collection Form: Step 1

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Enter application total on Step 1, Question 2

Question 3:

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

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

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

VSR- Step 1

Verification Summary Report



Step 1: Application Test Count SY 2019-2020

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?	12	Application(s)
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?	24	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?	15	Application(s)
4	TOTAL of all above applications	51	Application(s)
5	How many of the above applications are error prone income applications?	2	Application(s)

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

6	Number of Applications to be verified	2	Application(s)
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Verification Summary Report

Verification Summary Report Data Collection Form: Step 1

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Step 1 Application Counts: Section for reporting paper applications only. Do not count students on each application. Prior to reporting Household Eligibility Application(s), count search for students listed on all application(s) in the Direct Certification system and remove any applications from this count that were found to be directly certified. Report only applications for student(s) that could not be directly certified.

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application(s)



VSR- Step 1

Verification Summary Report



Step 1: Application Test Count SY 2019-2020

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

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Focus of Verification: Error-Prone

- The main focus of the verification process are *error-prone* FREE and REDUCED-PRICE income applications.
 - To determine if an income application is error-prone, use the current income eligibility guidelines along with the error-prone guidelines.

NOTE: Error-prone applications are the first priority, but SNAP/TANF and Foster Child applications, not found as Directly Certified, may also end up being selected if less than 3% of applications are error-prone.



Error-Prone Guidelines

- Approved income applications that are:
 - Above or below FREE income guidelines; OR
 - Below REDUCED-PRICE income guidelines by the following amounts:
 - \$23.07/Week
 - \$46.15/Every two weeks
 - \$50/ Twice per month
 - \$100/Month
 - \$1200/Annually



Error-Prone 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.)

SCHOOL USE ONLY
 Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS (By Student) School Name (for Student only) Grade

First, Middle Initial, Last	SNAP OR TANF CASE NUMBER ONLY (Skip to Part 4 if you list a SNAP or TANF case number. A valid case number MUST be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.)		Check if Error Prone Child*
	Case Number	Case Number	
			<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.
 (Example: \$100/month, \$100 twice a month, \$100/very other week, \$100/week)

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.
 X X X - X X - _____ I 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 _____ 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 White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

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

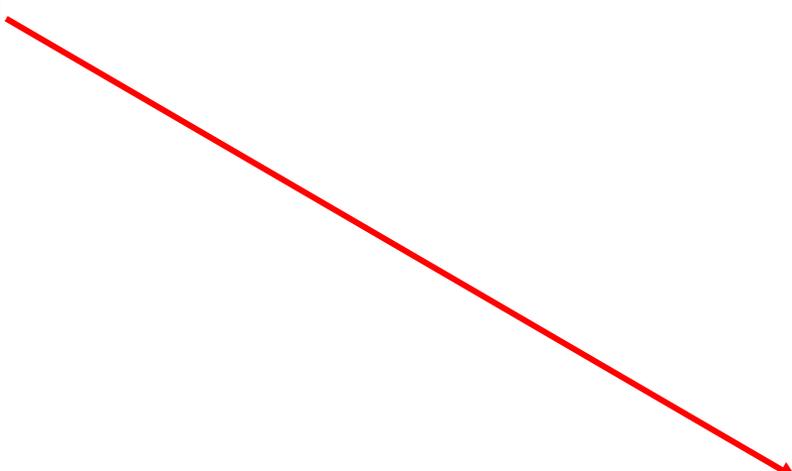
LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
 Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on:
 homeless migrant runaway Head Start

Reduced based on:
 SNAP or TANF household's income 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.)

SCHOOL USE ONLY
 Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS (for Student only) School Name (for Student only) Grade

First, Middle Initial, Last	SNAP OR TANF CASE NUMBER ONLY (Skip to Part 4 if you list a SNAP or TANF case number. A valid case number MUST be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.)		Check if Error Prone Child*
	Case Number	Case Number	
			<input type="checkbox"/>



Verification Summary Report

Verification Summary Report

Available October 1st



Step 1: Application Test Count SY 2019-2020

Applications Approved for Free or Reduced Price Benefits

- 1 How many applications did the district have on file that were approved for FREE meal benefits based on providing a valid SNAP or TANF ID number; OR due to the foster child box being checked on the application?
- 2 How many applications did the district have on file that were approved for FREE meal benefits based on meeting household size and income guidelines?
- 3 How many applications did the district have on file that were approved for REDUCED PRICE meal benefits based on meeting household size and income guidelines?
- 4 TOTAL of all above applications
- 5 How many of the above applications are error prone income applications?

 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)

VSR- Step 1

Verification Summary Report



Step 1: Application Test Count SY 2019-2020

Applications Approved for Free or Reduced Price Benefits

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

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Verification Sample

Sample collection- Determine sample size (3%)

- Verification Summary Report in WINS calculates 3%
Or

- Calculate 3% of applications (always round up)
Applications x .03= **Sample size**

Example:

112 applications x.03= 3.36

3.36 rounds up to 4 applications to verify

Verification Sample Collection

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.



Verification Process

Step 2

Conduct Confirmation Review



Step 2 – Confirmation Review



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



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

* required field

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

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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.)

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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.

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.

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 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 Process

Step 3

Complete Verification



Verification for: Every type of application

1. Do a single child lookup in the direct certification and direct verification system(s) to confirm they are not already directly certified or directly verified.
2. If a student or any member of the household is found in direct certification or 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 certification nor 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.



Verification Process

- Applications that are not found in direct verification file must now be followed up with the family.
- ISBE and USDA have sample letters to households

“We must verify your application”

Follow-up 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) |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | |

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)

- 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.

- 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 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 marital or relationship 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.asc.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) 632-6962. 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.state@usda.gov. This institution is an equal opportunity provider.

ISBE 68-10 MVAPP (10/17)

Print Reset Form



Illinois
State Board of
Education

<< School District Name and Logo >>

<<Household ID # _____>>

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

You can send a Certification Notice for <<SNAP>>, <<TANF>>, or 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.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.

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:

- Your child is homeless, migrant or runaway:** Contact <<school, homeless liaison, or migrant coordinator at (xxx)-xxx-xxxx or e-mail>> for help.
- Your child is a foster child:** Send documentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child's foster status.
- Your child is not covered by 1 or 2:** Return this letter along with documentation of your household's sources of income for either the month before application, or any month since. 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.
--	--	--



<< 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.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.

1

<< 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:

- Your child is homeless, migrant or runaway:** Contact <<school, homeless liaison, or migrant coordinator at (xxx)-xxx-xxxx or e-mail>> for help.
- Your child is a foster child:** Send documentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child's foster status.
- Your child is not covered by 1 or 2:** Return this letter along with documentation of your household's sources of income for either the month before application, or any month since. Acceptable documents below. The document(s) must show:
 - **Name** of person who received the income
 - **Date** received
 - **Amount** received
 - **How often** it was received

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

Send information in any of these ways!



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



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



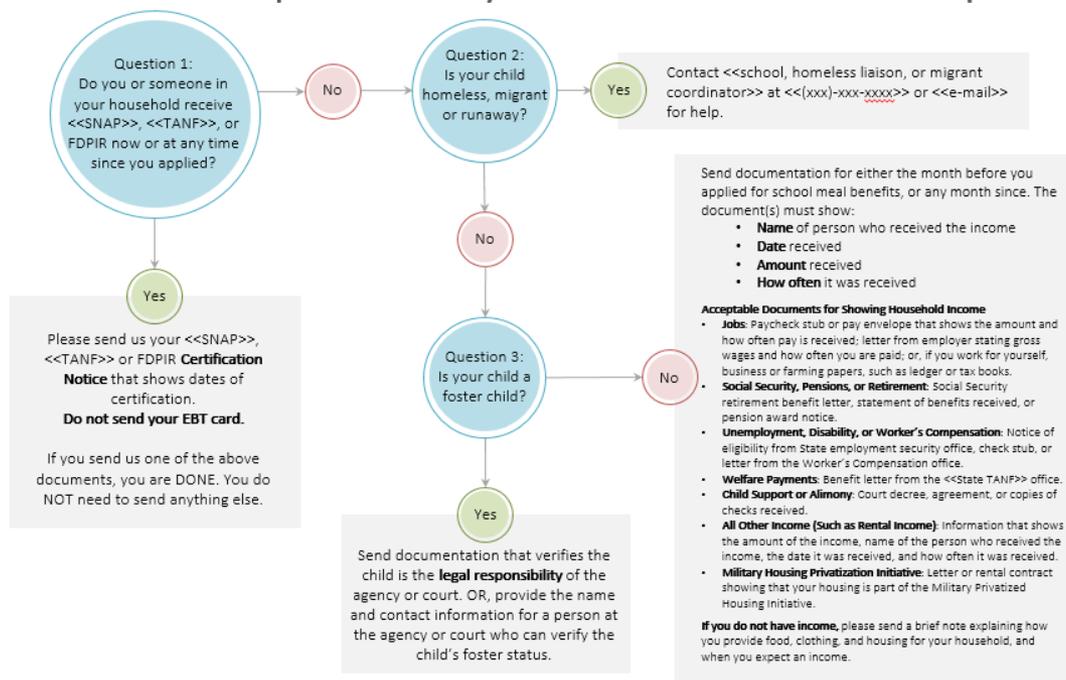
Mail documents, along with a copy of this letter, to <<address>> using the envelope provided. If possible, send copies rather than original documents.
You may also fax your documents to <<(xxx) xxx-xxxx>>.

If you have questions about the verification process or the types of documents you need to send, contact us at <<phone number>> or <<email>>.



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 al << 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

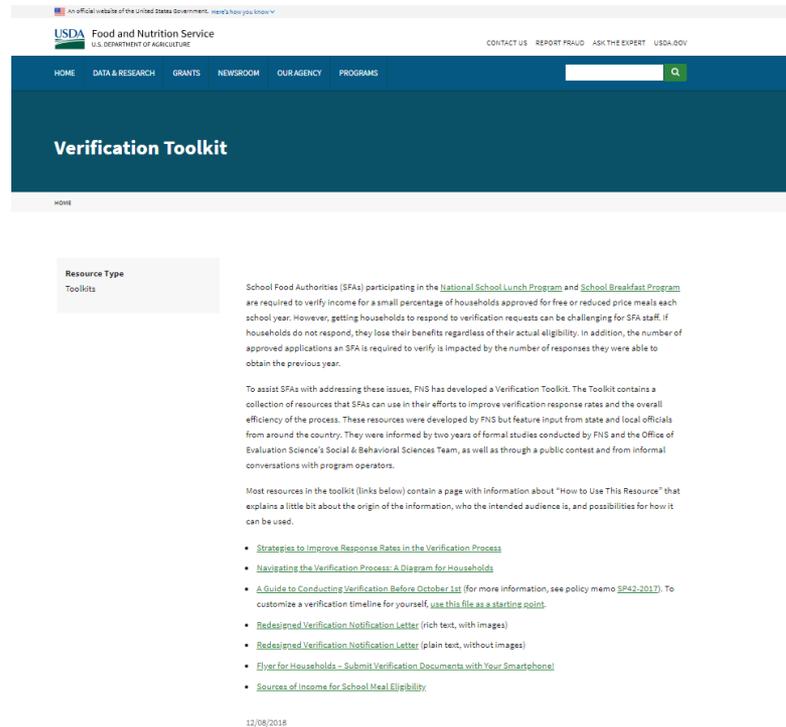
Child income

(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 Tools



The screenshot shows the USDA Food and Nutrition Service website. The header includes the USDA logo, the text "Food and Nutrition Service U.S. DEPARTMENT OF AGRICULTURE", and navigation links: "CONTACT US", "REPORT FRAUD", "ASK THE EXPERT", and "USDA.DOV". A secondary navigation bar contains "HOME", "DATA & RESEARCH", "GRANTS", "NEWSROOM", "OUR AGENCY", and "PROGRAMS". A search bar is located on the right. The main content area features a dark blue banner with the title "Verification Toolkit" and a "HOME" link below it. A "Resource Type" sidebar on the left lists "Toolkits". The main text area contains an introduction to the toolkit, explaining its purpose for School Food Authorities (SFAs) and listing several resources with links. A date "12/08/2018" is displayed at the bottom of the content area.

Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

CONTACT US REPORT FRAUD ASK THE EXPERT USDA.DOV

HOME DATA & RESEARCH GRANTS NEWSROOM OUR AGENCY PROGRAMS

Verification Toolkit

HOME

Resource Type
Toolkits

School Food Authorities (SFAs) participating in the [National School Lunch Program](#) and [School Breakfast Program](#) are required to verify income for a small percentage of households approved for free or reduced price meals each school year. However, getting households to respond to verification requests can be challenging for SFA staff. If households do not respond, they lose their benefits regardless of their actual eligibility. In addition, the number of approved applications an SFA is required to verify is impacted by the number of responses they were able to obtain the previous year.

To assist SFAs with addressing these issues, FNS has developed a Verification Toolkit. The Toolkit contains a collection of resources that SFAs can use in their efforts to improve verification response rates and the overall efficiency of the process. These resources were developed by FNS but feature input from state and local officials from around the country. They were informed by two years of formal studies conducted by FNS and the Office of Evaluation Science's Social & Behavioral Sciences Team, as well as through a public contest and from informal conversations with program operators.

Most resources in the toolkit (links below) contain a page with information about "How to Use This Resource" that explains a little bit about the origin of the information, who the intended audience is, and possibilities for how it can be used.

- [Strategies to Improve Response Rates in the Verification Process](#)
- [Navigating the Verification Process: A Diagram for Households](#)
- [A Guide to Conducting Verification Before October 1st](#) (for more information, see policy memo [SP42-2017](#)). To customize a verification timeline for yourself, [use this file as a starting point](#).
- [Redesigned Verification Notification Letter](#) (rich text, with images)
- [Redesigned Verification Notification Letter](#) (plain text, without images)
- [Flyer for Households - Submit Verification Documents with Your Smartphone!](#)
- [Sources of Income for School Meal Eligibility](#)

12/08/2018

<https://www.fns.usda.gov/school-meals/verification-toolkit>



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.



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.



Complete Verification

- **Processing Documentation**
 - Confirm pay frequency
 - Confirm income amount
 - Confirm date of pay period
 - May be the month prior to application or
 - May be the documentation from the time of verification request
 - **Recalculate income total**
 - **Confirm documentation of benefits**
 - Foster
 - SNAP
 - TANF



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



Verification Process

Step 4

Notify Household of Results



Notify Household

- **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



Notify Household

- **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) |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| _____ | _____ | _____ | _____ |

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, 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.asc.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 68-09 HVAPP (10/17)

Print Reset Form



Illinois
State Board of
Education

Notify Household

We Have Verified Your Application

Date: _____

Dear: _____

We have checked the information you sent us to prove:

| 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 _____, 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.
Date (1-3 operating days)
- 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.
Date (ten calendar days)
- 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.

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.

Best Practice for Recordkeeping



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



Using the original document proceed with verification.



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



Maintain documentation for 3 years plus the current.



Activity Time



Practice Verification-Lake Household

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)

SCHOOL USE ONLY
 Check if Enter Private Application
 Check if Foster Child

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	School Name	Grade	SNAP OR TANF CASE NUMBER ONLY (Use to Part 2 if you list a SNAP or TANF case number. At least one SNAPTANF case must be provided below. If you receive Medicaid and receive all meals provided for free meals, you DO NOT apply based on household size and income.)		Check if Foster Child
			SNAP	TANF	
Parent 1					
Parent 2					
Child 1	Lincoln Elem	5 th			
Child 2	Lincoln Middle Sch	7 th			
Child 3	Lincoln High School	10 th			

*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. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)

NAMES WITH INCOME	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, etc. (All Other Income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i. Parent 1	\$2468.00	monthly	\$		\$		\$	
ii. Parent 2	\$1400.00	2x month	\$456.00	monthly	\$		\$	
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 **X X X - X X - 0 0 0 0**. I 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.

7/7/2023 Date
 Parent One Printed Name of Adult Household Member
 Parent One Signature of Adult Household Member

5. Contact Information (Optional)
 (XXX) XXX-XXXX Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) 123 Some St., That Town, IL XXXX Home Address (Number, Street, City, State, Zip Code)

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

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

INITIAL DETERMINATION
 TOTAL INCOME: \$ 45,168.00 Per: Week Every 2 Weeks Twice a Month Month Year HOUSEHOLD MEMBERS IN HOUSEHOLD: 5 CHANGE IN STATUS: _____ Date: _____
 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 SNAP or TANF Reduced based on:
 migrant foster child household's income income too high
 Head Start household's income incomplete application
 Runaway Non-qualifying SNAP/TANF

Signature of Determining Official: Fred Sencine Director Date: 7/14/2023

ISBE 68-06 NSSTAP School Year 2023-2024 (4/23)



Practice Verification-Lake Household

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100 every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i. Parent 1	\$2468 ⁰⁰	monthly	\$		\$		\$	
ii. Parent 2	\$420 ⁰⁰	2x month	\$456 ⁰⁰	monthly	\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

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



Practice Verification-Lake Household

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	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. Parent 1	\$ 2468 ⁰⁰	monthly	\$		\$		\$	
ii. Parent 2	\$ 480 ⁰⁰	2x month	\$ 456 ⁰⁰	monthly	\$		\$	
iii.							\$	
iv.							\$	
v.							\$	

$\$2468.00 \times 12 = \$29,616.00$

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



Practice Verification-Lake Household

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	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. Parent 1	\$2468.00	monthly	\$		\$		\$	
ii. Parent 2	\$420.00	2x month	\$456.00	monthly	\$		\$	
iii.							\$	
iv.							\$	
v.							\$	

4. Signature and Social Security Number

$$\$2,468.00 \times 12 = \$29,616.00$$

$$\$420.00 \times 24 = \$10,080.00$$



Practice Verification-Lake Household

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	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. Parent 1	\$ 2468 ⁰⁰	monthly	\$		\$		\$	
ii. Parent 2	\$ 420 ⁰⁰	2x month	\$ 456 ⁰⁰	monthly	\$		\$	
iii.	\$						\$	
iv.							\$	
v.							\$	

4. Signature and Social Sec

$\$2,468.00 \times 12 = \$29,616.00$
 $\$420.00 \times 24 = \$10,080.00$
 $\$456.00 \times 12 = \$ 5,472.00$



Practice Verification-Lake Household

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	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. Parent 1	\$ 2468.00	monthly	\$		\$		\$	
ii. Parent 2	\$ 420.00	2x month	\$ 456.00	monthly	\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

$\$2,468.00 \times 12 = \$29,616.00$
 $\$420.00 \times 24 = \$10,080.00$
 $\$456.00 \times 12 = \$5,472.00$
 $\$45,168.00$

Practice Verification-Lake Household

$$\begin{aligned} \$2,468.00 \times 12 &= \$29,616.00 \\ \$420.00 \times 24 &= \$10,080.00 \\ \$456.00 \times 12 &= \underline{\$ 5,472.00} \\ &= \mathbf{\$45,168.00} \end{aligned}$$

- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -

INCOME DETERMINATION		CHANGE IN STATUS: _____ Date: _____	
TOTAL INCOME \$ <u>45,168⁰⁰</u>	Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	NUMBER IN HOUSEHOLD: <u>5</u>	

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

<input checked="" type="checkbox"/> Free based on: <input type="checkbox"/> homeless <input type="checkbox"/> migrant <input type="checkbox"/> runaway <input type="checkbox"/> Head Start	<input type="checkbox"/> SNAP or TANF <input type="checkbox"/> foster child <input checked="" type="checkbox"/> household's income	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> household's income	<input type="checkbox"/> Denied—Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF
--	--	---	---

Signature of Determining Official: Food Services Director Date: 7/14/2023

Practice Verification-Lake Household

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. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100 every other week; \$100/week)							
	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. Parent 2	\$ 2468 ⁰⁰	monthly	\$		\$		\$	
ii. Parent 2	\$ 420 ⁰⁰	2x month	\$ 456 ⁰⁰	monthly	\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

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

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

INITIAL DETERMINATION

TOTAL INCOME \$ 45,168⁰⁰ 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 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
 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: Food Services Director Date: 7/14/2023



Practice Verification-Lake Household

Adult 1 Lake-Paid once a month

$$\text{\$2,468.00} \times 12 = \text{\$29,616.00}$$



Practice Verification-Lake Household

Adult 1 Lake-Paid once a month

$$\text{\$2,468.00} \times 12 = \text{\$29,616.00}$$

Adult 2 Lake-Paid twice a month

$$\text{\$420.00} \times 24 = \text{\$10,080.00}$$



Practice Verification-Lake Household

Adult 1 Lake-Paid once a month

$$\text{\$2,468.00} \times 12 = \text{\$29,616.00}$$

Adult 2 Lake-Paid twice a month

$$\text{\$420.00} \times 24 = \text{\$10,080.00}$$

$$\text{\$456.00} \times 12 = \text{\$ 5,472.00}$$

Practice Verification-Lake Household

Adult 1 Lake-Paid once a month

$$\text{\$2,468.00} \times 12 = \text{\$29,616.00}$$

Adult 2 Lake-Paid twice a month

$$\text{\$420.00} \times 24 = \text{\$10,080.00}$$

$$\text{\$456.00} \times 12 = \underline{\text{\$ 5,472.00}}$$

$$\text{\$15,552.00}$$



Practice Verification-Lake Household

Adult 1 Lake-Paid two times a month

$$\text{\$2468.00} \times 12 = \text{\$29,616.00}$$

Adult 2 Lake-Paid once a month

$$\text{\$420.00} \times 24 = \text{\$10,080.00}$$

$$\text{\$456.00} \times 12 = \underline{\text{\$ 5,472.00}}$$

$$\text{\$15,552.00}$$

Lake household of 5 annual income-

$$\text{\$29,616.00}$$



Practice Verification-Lake Household

Adult 1 Lake-Paid two times a month

$$\text{\$2468.00} \times 12 = \text{\$29,616.00}$$

Adult 2 Lake-Paid once a month

$$\text{\$420.00} \times 24 = \text{\$10,080.00}$$

$$\text{\$456.00} \times 12 = \underline{\text{\$ 5,472.00}}$$

$$\text{\$15,552.00}$$

Lake household of 5 annual income-

$$\text{\$29,616.00} + \text{\$15,552.00}$$



Practice Verification-Lake Household

Adult 1 Lake-Paid two times a month

$$\$2468.00 \times 12 = \$29,616.00$$

Adult 2 Lake-Paid once a month

$$\$420.00 \times 24 = \$10,080.00$$

$$\$456.00 \times 12 = \underline{\$ 5,472.00}$$

$$\$15,552.00$$

Lake household of 5 annual income-

$$\$29,616.00 + \$15,552.00 = \mathbf{\$45,168.00}$$



Practice Verification-Lake Household

FISCAL YEAR 2024 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2023, through June 30, 2024:

Income Eligibility Guidelines Effective from July 1, 2023, to June 30, 2024											
Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068
5	45,682										
6	52,364	4,364	2,182	2,014	1,007	6	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	7	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	6,682	557	279	257	129	For each additional family member, add	9,509	793	397	366	183



Practice Verification-Lake Household

Lake household of 5 annual income-
 $\$29,616.00 + \$15,552.00 = \$45,168.00$

Household Size	Free Meals 130% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682				
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add	6,682	557	279	257	129

\$45,682.00
\$45,168.00
 \$514.00



Practice Verification-Lake Household

Error-Prone Guidelines

- Approved income applications that are:
 - Above or below FREE income guidelines; OR
 - Below REDUCED-PRICE income guidelines by the following amounts:
 - \$23.07/Week
 - \$46.15/Every two weeks
 - \$50/Twice per month
 - \$100/Month
 - **\$1200/Annually**

\$45,682.00
-\$45,168.00
\$514.00

Practice Verification-Lake Household

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	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. Parent 1	\$ 2468.00	monthly	\$		\$		\$	
ii. Parent 2	\$ 420.00	2x month	\$ 456.00	monthly	\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

$\$2,468.00 \times 12 = \$29,616.00$
 $\$420.00 \times 26 = \$10,920.00$
 $\$456.00 \times 12 = \$5,472.00$
 $\$46,008.00$

Practice Verification-Lake Household

Adult 1 Lake-Paid once a month

$$\text{\$}2468.00 \times 12 = \text{\$}29,616.00$$

Adult 2 Lake-Paid bi-weekly a month

$$\text{\$}420.00 \times 24 = \text{\$}10,080.00$$

$$\text{\$}420.00 \times 26 = \text{\$}10,920.00$$

$$\text{\$}456.00 \times 12 = \underline{\text{\$} 5,472.00}$$

$$\text{\$}16,392.00$$

Lake household of 5 annual income-

$$\text{\$}29,616.00 + \text{\$}16,392.00 = \text{\$}46,008.00$$



Practice Verification-Lake Household

Lake household of 5 annual income-
 $\$29,616.00 + \$16,392.00 = \$46,008.00$

Household Size	Free Meals 130% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682				
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add	6,682	557	279	257	129

\$45,682.00
\$46,008.00
 Over \$326.00



Practice Verification-Lake Household

FISCAL YEAR 2024 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2023, through June 30, 2024:

Income Eligibility Guidelines Effective from July 1, 2023, to June 30, 2024											
Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068
5	45,682					5	65,009				
6	52,364	4,364	2,182	2,014	1,007	6	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	7	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	6,682	557	279	257	129	For each additional family member, add	9,509	793	397	366	183



Practice Verification-Lake Household

Lake household of 5 annual income-
 $\$29,616.00 + \$16,392.00 = \$46,008.00$

Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009				
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	9,509	793	397	366	183

→ \$65,009.00
\$46,008.00
 Under \$19,001.00



Practice Verification-Lake Household

Adult 1 Lake-Paid once a month

$$\$2080.00 \times 12 = \$24,960.00$$

Adult 2 Lake-Paid bi-weekly and once a month

$$\$420.00 \times 26 = \$10,920.00 + \$456.00 \times 12 = \$5,472.00$$

$$\$10,920.00 + \$5,472.00 = \$16,392.00$$

Lake household of 5 annual income-

$$\$29,616.00 + \$16,392.00 = \mathbf{\$46,008.00}$$

Income Guidelines for family of 5:

Free \$45,682.00

\$46,008.00

Reduced \$65,009

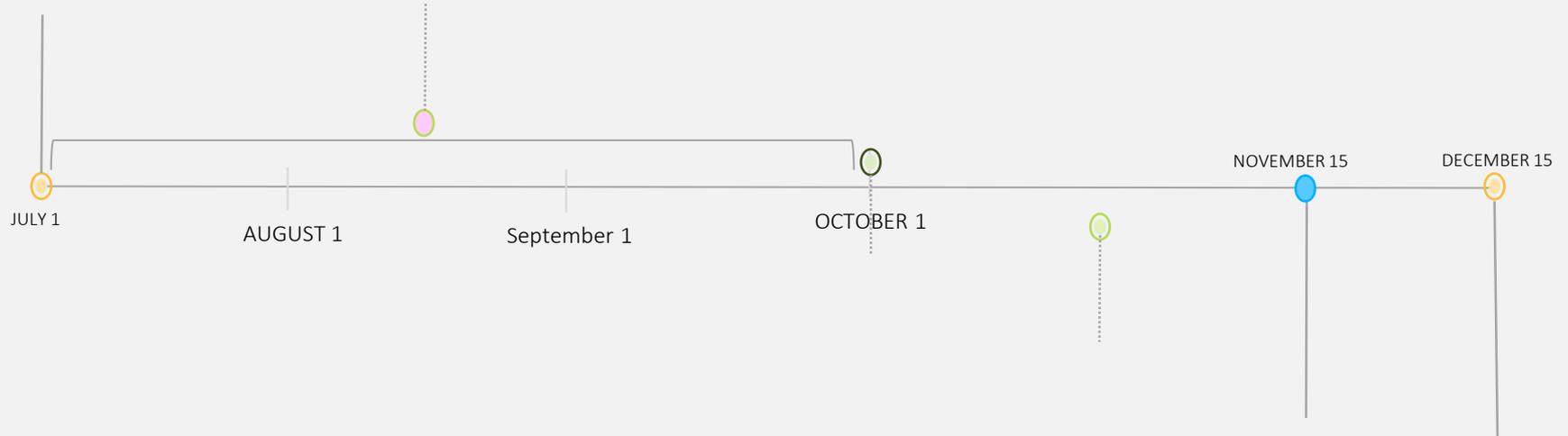
Reduced



Verification Process

Timeline July 1st to December 15th

START ACCEPTING
& PROCESSING
APPLICATIONS



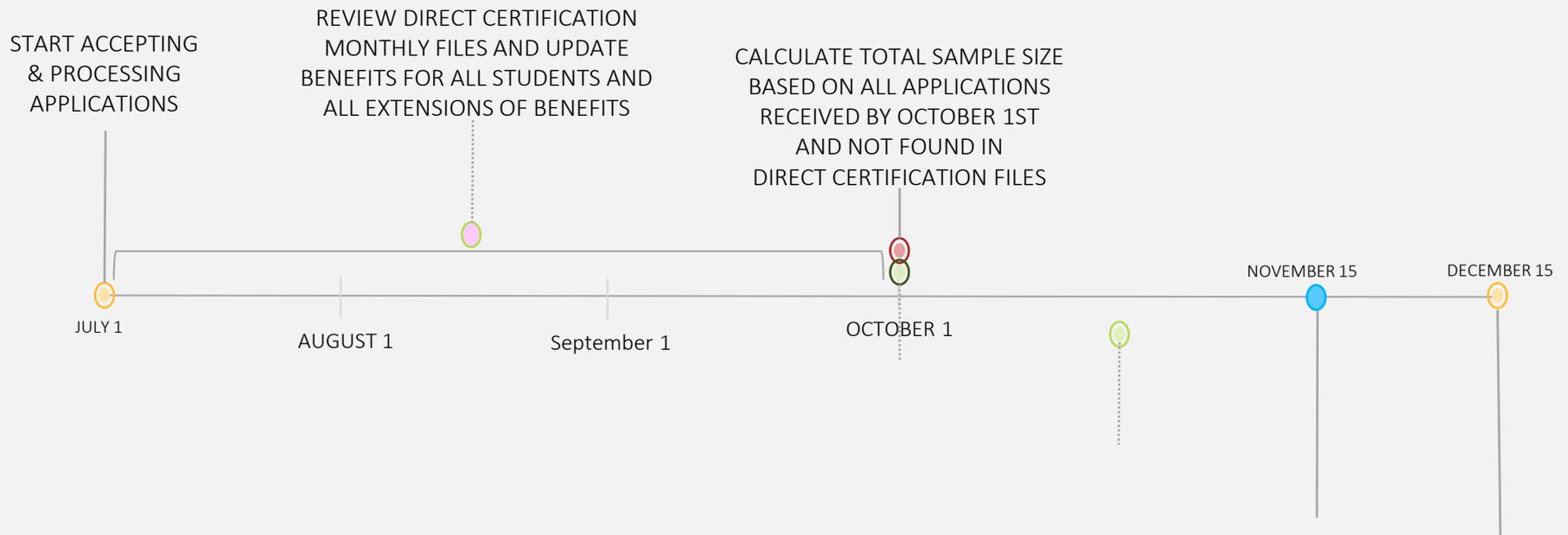
Verification Process

Timeline July 1st to December 15th



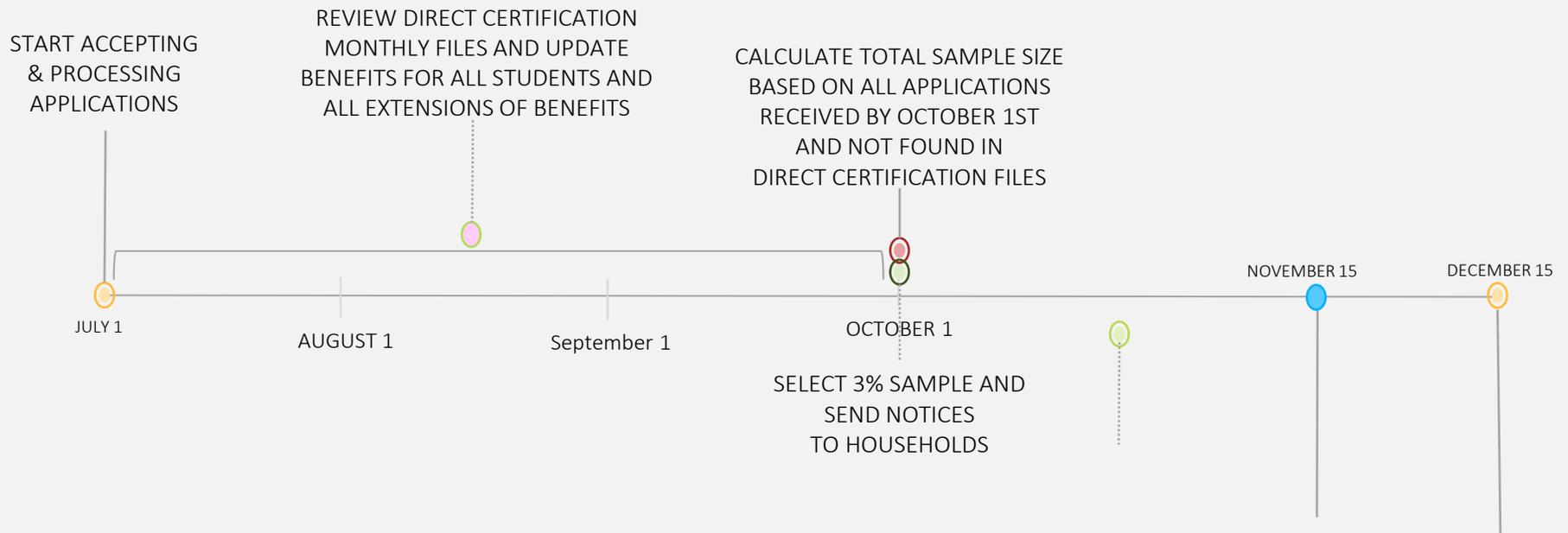
Verification Process

Timeline July 1st to December 15th



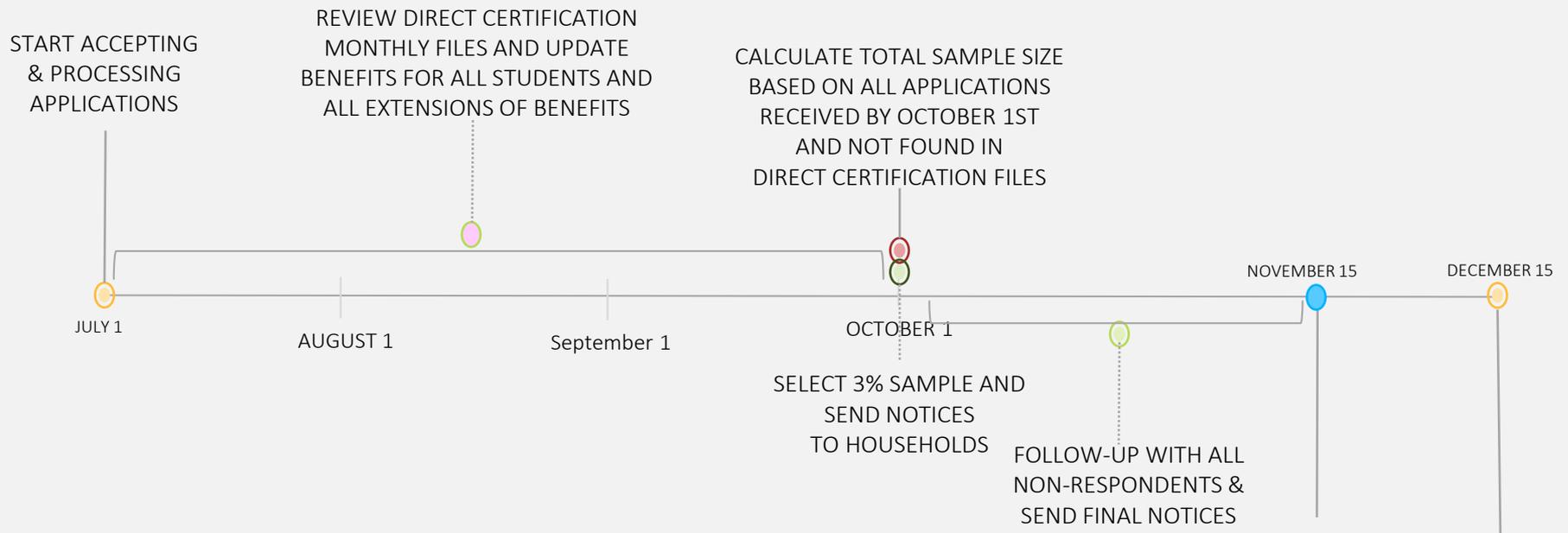
Verification Process

Timeline July 1st to December 15th



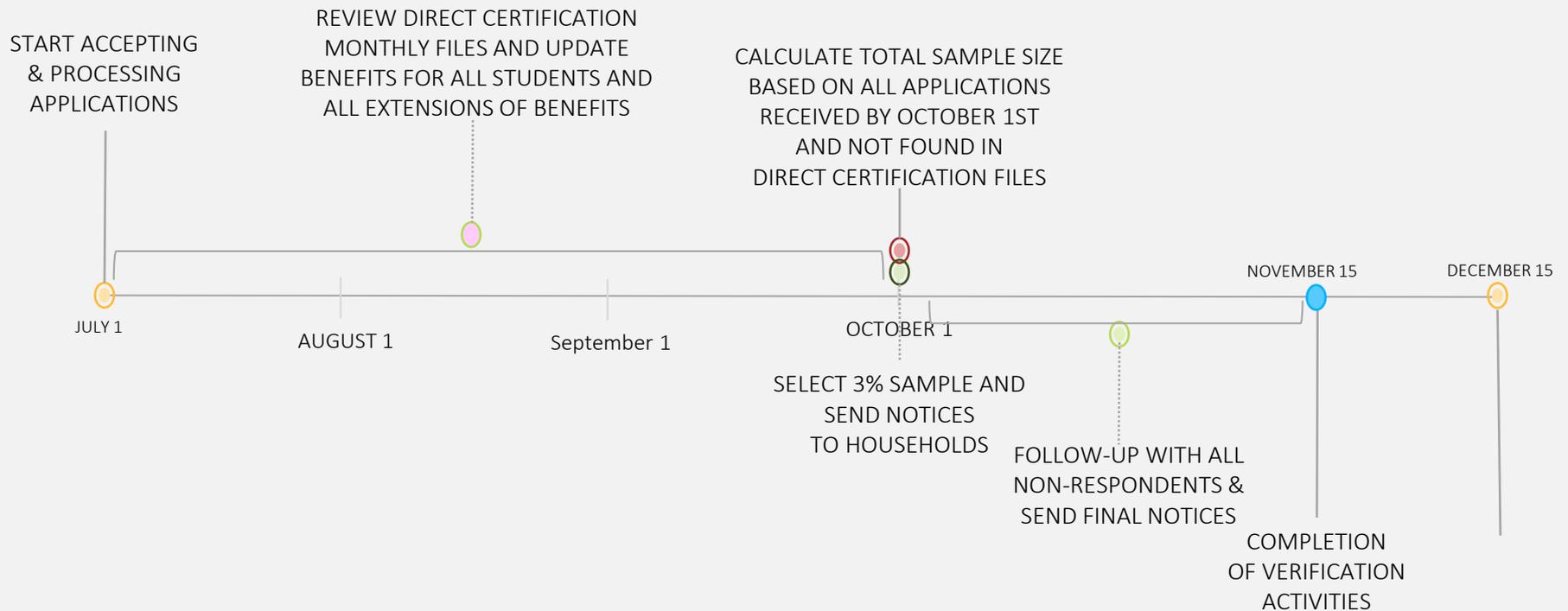
Verification Process

Timeline July 1st to December 15th



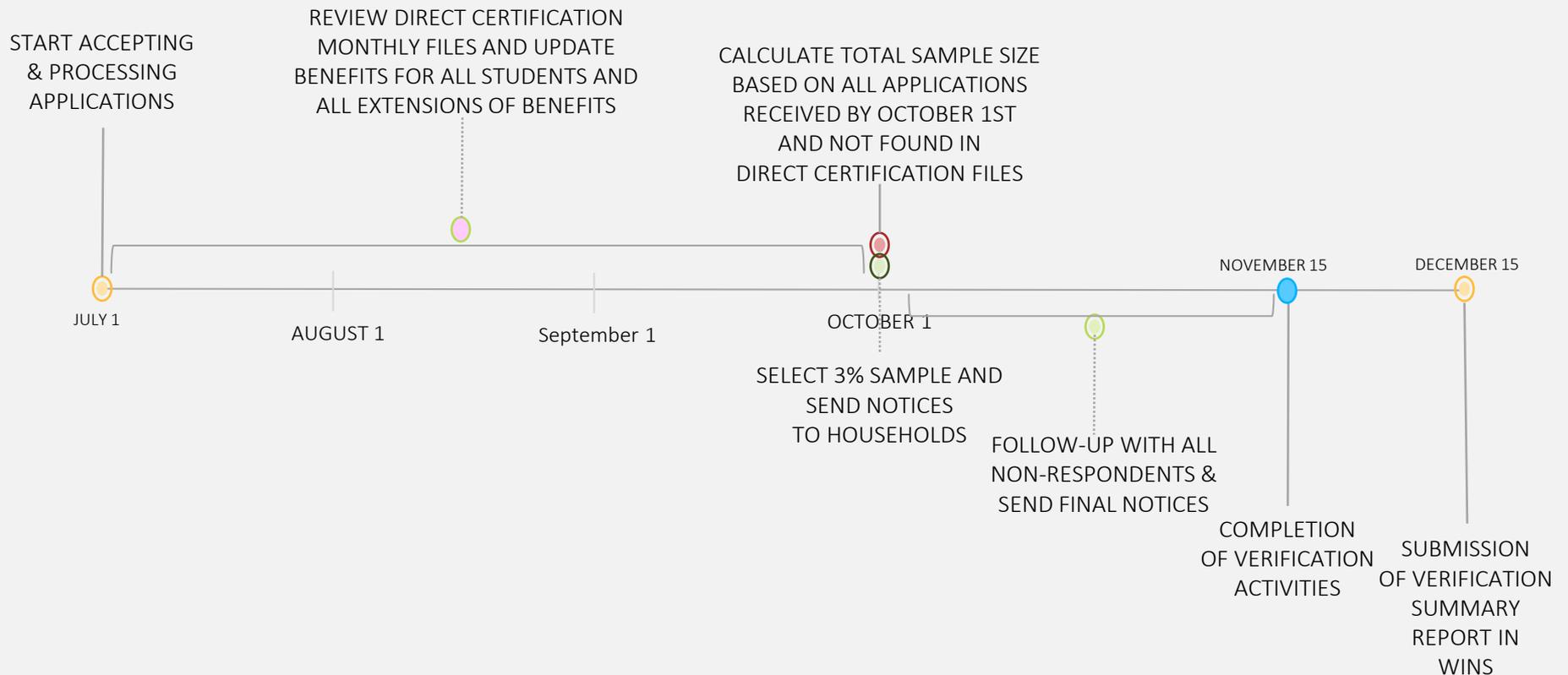
Verification Process

Timeline July 1st to December 15th



Verification Process

Timeline July 1st to December 15th



Contact Information

ISBE Nutrition Department
800.545.7892 or 217.782.2491
cnp@isbe.net



Exact Matches

Name	Address	Birth Date	Sex	Case Number	Assistance Source	
Student 1	123 St, Town, IL	12/25/2012	M		Free Medicaid	Add To Report
Student 1	123 St, Town, IL	12/25/2012	M		SNAP	Add To Report
Student 2	1 North, Some Town, IL	07/12/2015	F		Free Medicaid	Add To Report
Student 3	1 South St, That Town, IL	01/07/2010	F		SNAP	Add To Report
Student 5	1Place, Our Town, IL	10/11/2012	F		Reduced Medicaid	Add To Report
Student 6	202 Dr, City, IL	01/02/2016	F		Reduced Medicaid	Add To Report
Total Exact Matches: 6						

