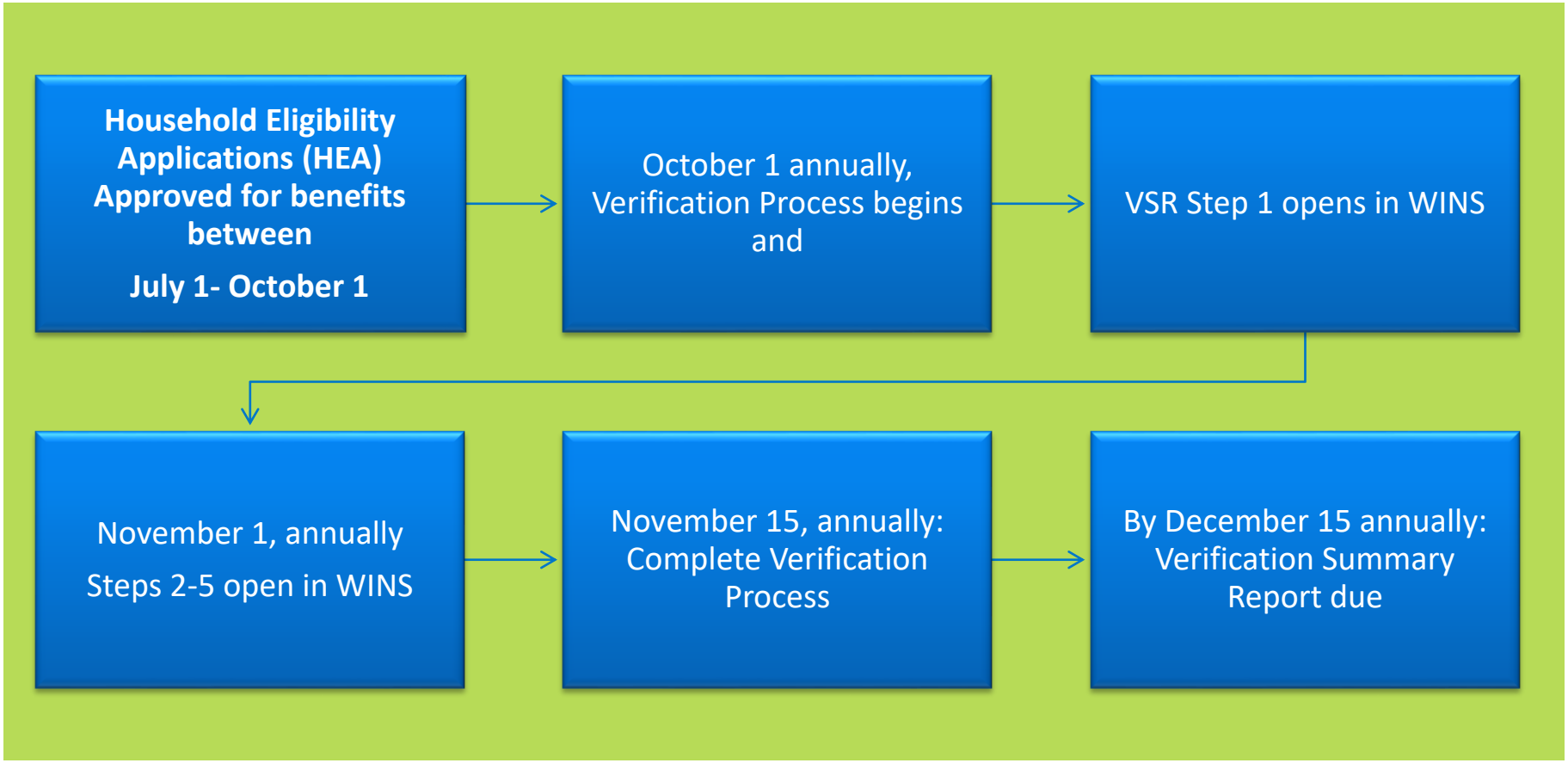
Verification Summary Report

Completing Steps 2-5

ILLINOIS STATE BOARD OF EDUCATION

Verification Process Timeline



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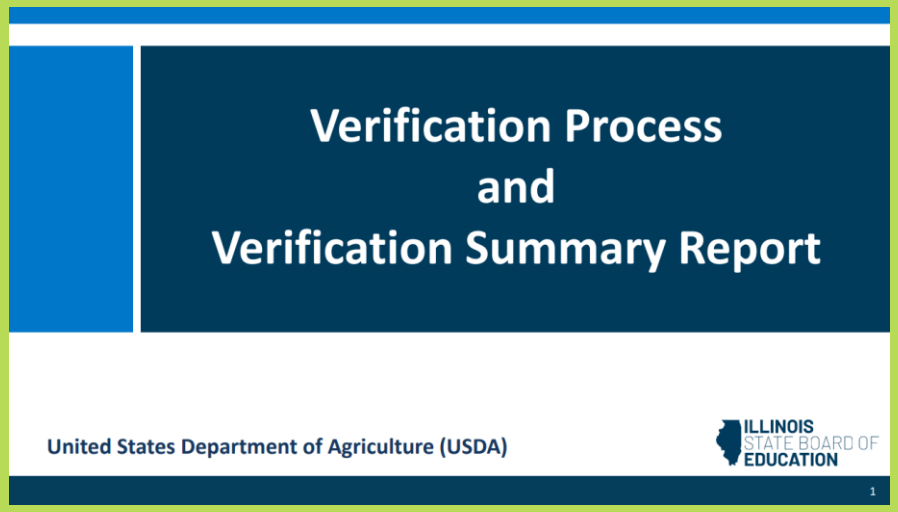
VSR Step 1 Training Available:

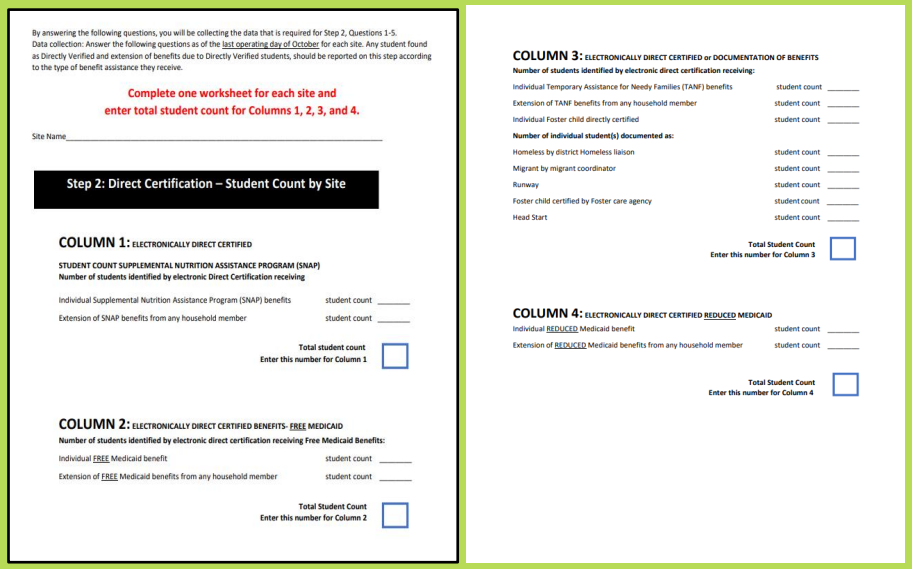
Sponsors who have not completed the Verification Process or Step 1 on the Verification Summary Report, please access the training below prior to beginning Steps 2-5.



www.isbe.net/Pages/School-Based-Child-Nutrition-Documents.aspx

Optional- Step 2 Data Collection Form

Step 2 Collects the number of students found in the direct certification files and students directly certified based upon an extension of benefits.



By answering the following questions, you will be collecting the data that is required for Step 2, Questions 1-5.
Data collection: Answer the following questions as of the last operating day of October for each site. Any student found as Directly Verified and extension of benefits due to Directly Verified students, should be reported on this step according to the type of benefit assistance they receive.

Complete one worksheet for each site and enter total student count for Columns 1, 2, 3, and 4.

Site Name_____

Step 2: Direct Certification – Student Count by Site

COLUMN 1: ELECTRONICALLY DIRECT CERTIFIED

STUDENT COUNT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
Number of students identified by electronic Direct Certification receiving

Individual Supplemental Nutrition Assistance Program (SNAP) benefits — student count _____
Extension of SNAP benefits from any household member — student count _____

Total student count
Enter this number for Column 1 ☐

COLUMN 2: ELECTRONICALLY DIRECT CERTIFIED BENEFITS- FREE MEDICAID
Number of students identified by electronic direct certification receiving Free Medicaid Benefits:

Individual FREE Medicaid benefit — student count _____
Extension of FREE Medicaid benefits from any household member — student count _____

Total Student Count
Enter this number for Column 2 ☐

COLUMN 3: ELECTRONICALLY DIRECT CERTIFIED or DOCUMENTATION OF BENEFITS
Number of students identified by electronic direct certification receiving:

Individual Temporary Assistance for Needy Families (TANF) benefits — student count _____
Extension of TANF benefits from any household member — student count _____
Individual Foster child directly certified — student count _____

Number of individual student(s) documented as:

Homeless by district Homeless liaison — student count _____
Migrant by migrant coordinator — student count _____
Runway — student count _____
Foster child certified by Foster care agency — student count _____
Head Start — student count _____

Total Student Count
Enter this number for Column 3 ☐

COLUMN 4: ELECTRONICALLY DIRECT CERTIFIED REDUCED MEDICAID

Individual REDUCED Medicaid benefit — student count _____
Extension of REDUCED Medicaid benefits from any household member — student count _____

Total Student Count
Enter this number for Column 4 ☐

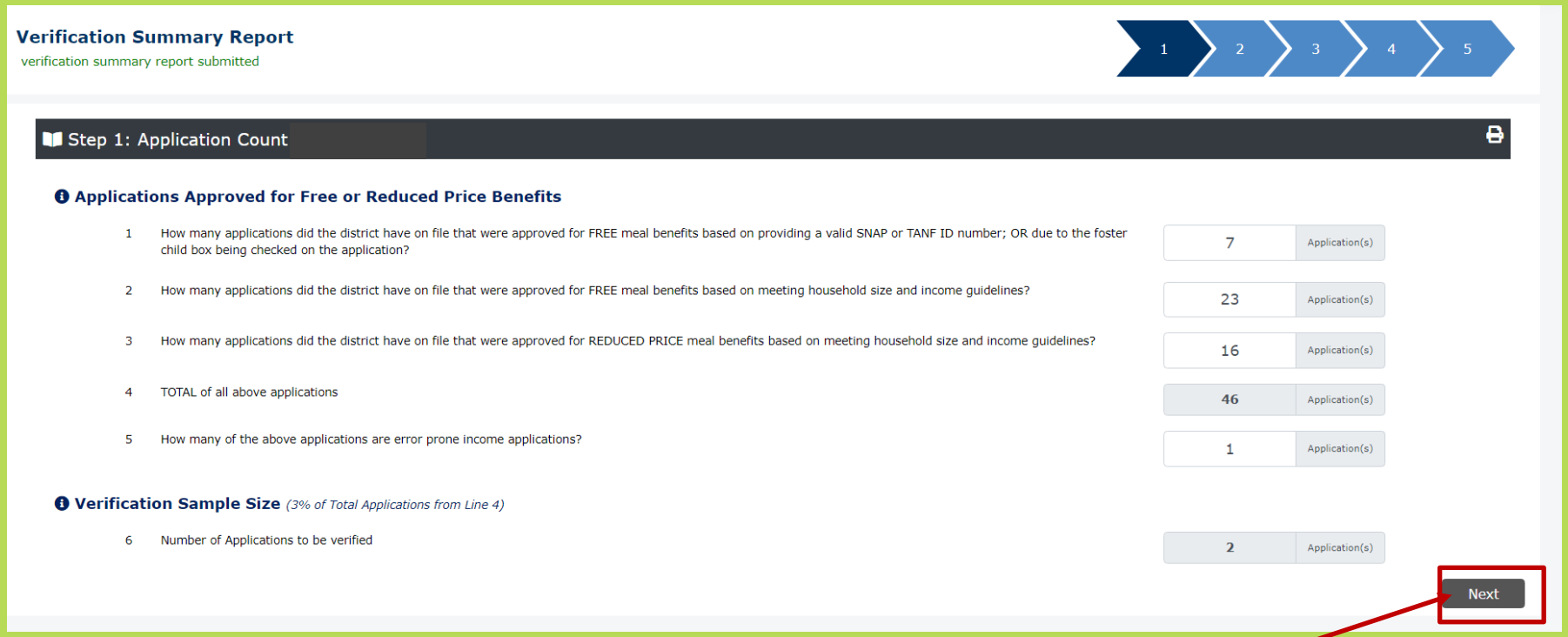
Optional form, may be used to collect data for Steps 2-5 of the VSR.
One form should be completed for each site operating NSLP/SBP.

Data Collection Form

VSR Steps 2 and Step 5

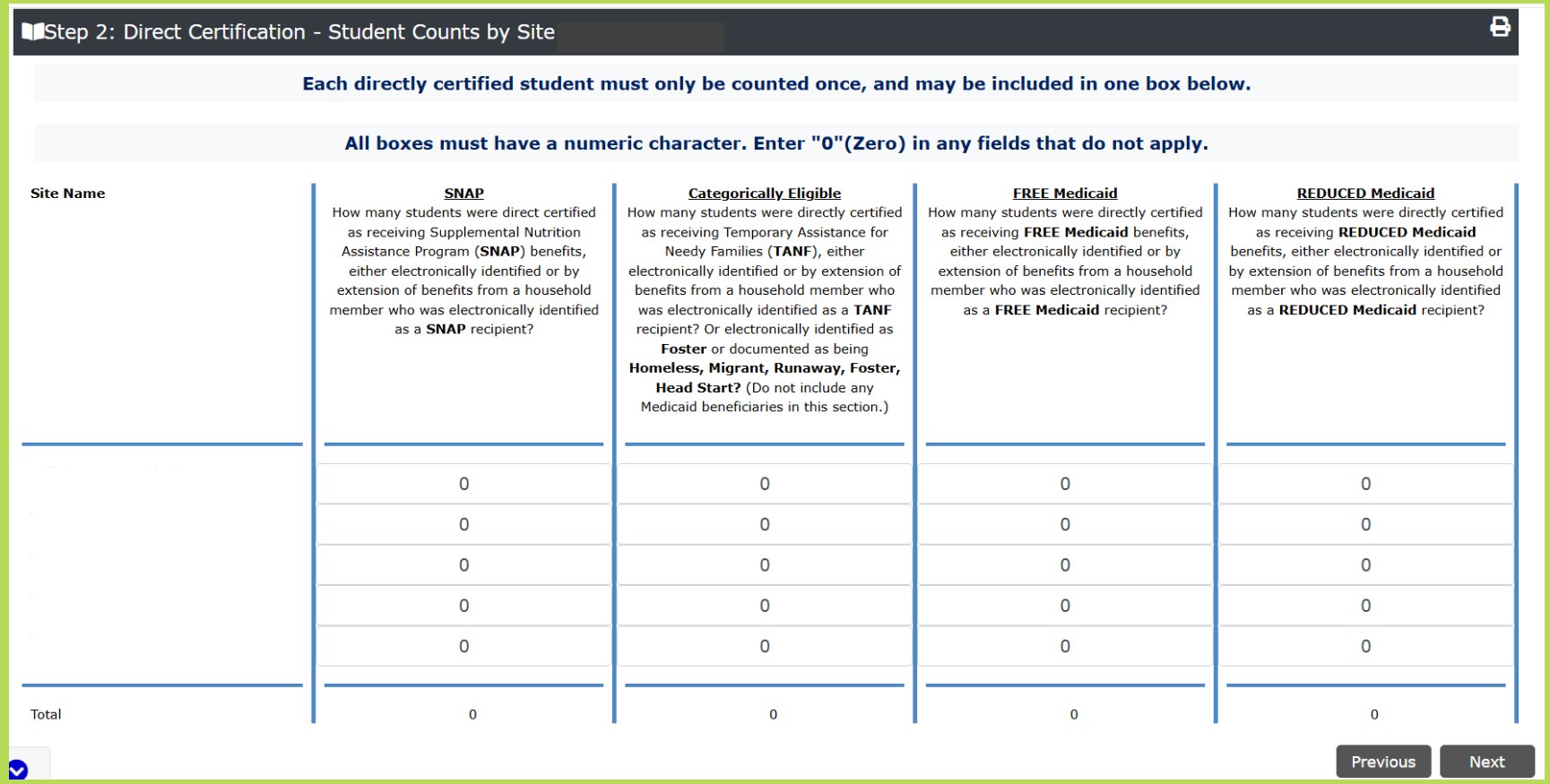
Beginning November 1, annually, the link for Verification Summary Report under Sponsor Tasks tab on the sponsor dashboard, will allow access to steps 2-5 of the Verification Summary Report.

VSR Steps 2 and Step 5



To access Step 2, use the Next link on Step 1

Step 2: Updates



Optional- Step 2 Data Collection Form

By answering the following questions, you will be collecting the data that is required for Step 2, Questions 1-5.
Data collection: Answer the following questions as of the last operating day of October for each site. Any student found as Directly Verified and extension of benefits due to Directly Verified students, should be reported on this step according to the type of benefit assistance they receive.

Complete one worksheet for each site and enter total student count for Columns 1, 2, 3, and 4.

Site Name_____

Step 2: Direct Certification – Student Count by Site

COLUMN 1: ELECTRONICALLY DIRECT CERTIFIED

STUDENT COUNT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
Number of students identified by electronic Direct Certification receiving

Individual Supplemental Nutrition Assistance Program (SNAP) benefits	student count _____
Extension of SNAP benefits from any household member	student count _____

Total student count
Enter this number for Column 1 ☐

COLUMN 2: ELECTRONICALLY DIRECT CERTIFIED BENEFITS- FREE MEDICAID

Number of students identified by electronic direct certification receiving Free Medicaid Benefits:

Individual FREE Medicaid benefit	student count _____
Extension of FREE Medicaid benefits from any household member	student count _____

Total Student Count
Enter this number for Column 2 ☐

COLUMN 3: ELECTRONICALLY DIRECT CERTIFIED or DOCUMENTATION OF BENEFITS

Number of students identified by electronic direct certification receiving:

Individual Temporary Assistance for Needy Families (TANF) benefits	student count _____
Extension of TANF benefits from any household member	student count _____
Individual Foster child directly certified	student count _____

Number of individual student(s) documented as:

Homeless by district Homeless liaison	student count _____
Migrant by migrant coordinator	student count _____
Runway	student count _____
Foster child certified by Foster care agency	student count _____
Head Start	student count _____

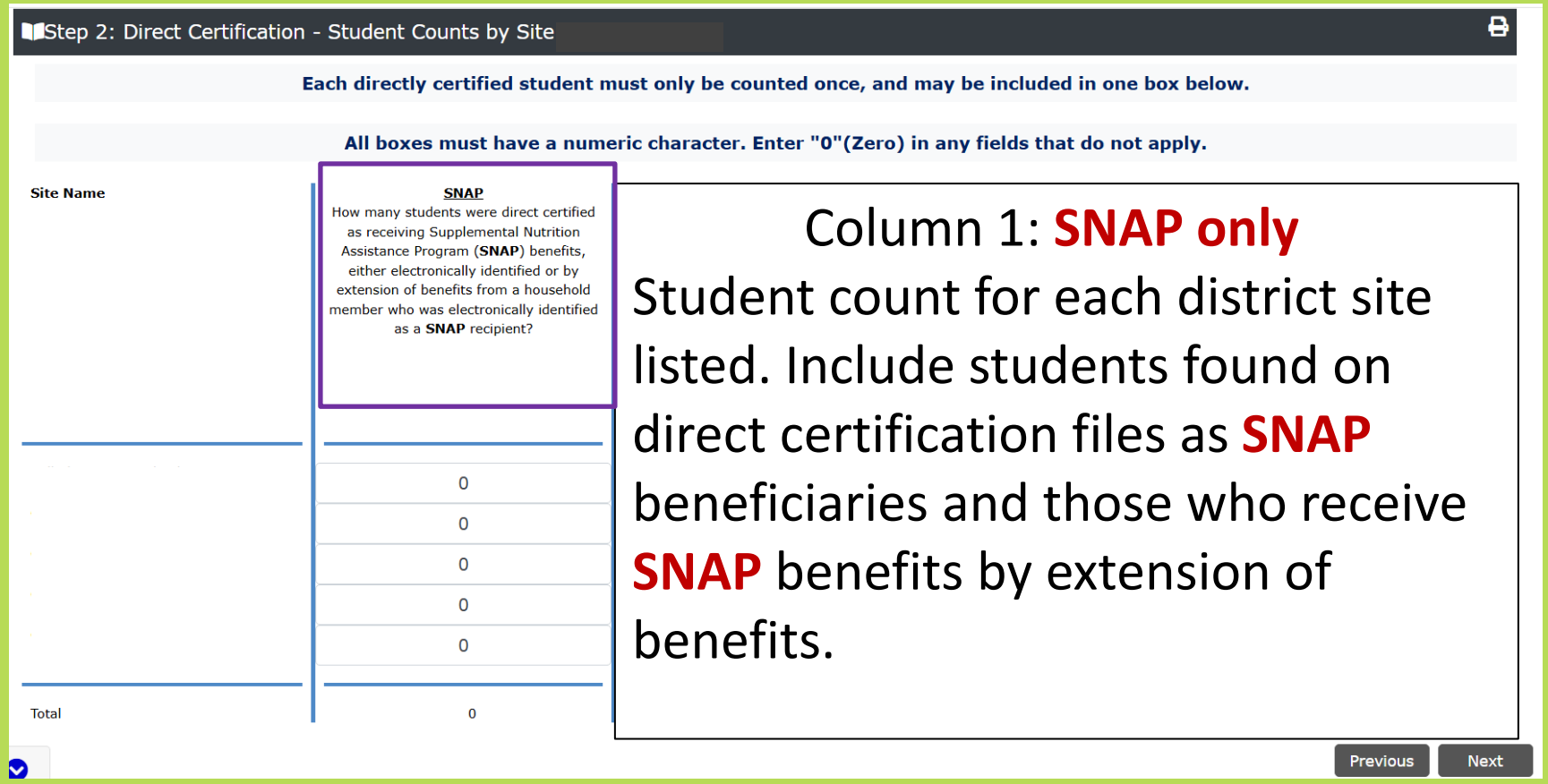
Total Student Count
Enter this number for Column 3 ☐

COLUMN 4: ELECTRONICALLY DIRECT CERTIFIED REDUCED MEDICAID

Individual REDUCED Medicaid benefit	student count _____
Extension of REDUCED Medicaid benefits from any household member	student count _____

Total Student Count
Enter this number for Column 4 ☐

Step 2: Updates



Column 1: **SNAP only**

Student count for each district site listed. Include students found on direct certification files as **SNAP** beneficiaries and those who receive **SNAP** benefits by extension of benefits.

Optional- Step 2 Data Collection Form

Verification Summary Report Data Collection Form: Step 2

By answering the following questions, you will be collecting the data that is required for Step 2, Questions 1-5.
Data collection: Answer the following questions as of the last operating day of October for each site. Any student found as Directly Verified and extension of benefits due to Directly Verified students, should be reported on this step according to the type of benefit assistance they receive.

Complete one worksheet for each site and enter total student count for Columns 1, 2, 3, and 4.

Site Name_____

Step 2: Direct Certification – Student Count by Site

COLUMN 1: ELECTRONICALLY DIRECT CERTIFIED

STUDENT COUNT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
Number of students identified by electronic Direct Certification receiving

Individual Supplemental Nutrition Assistance Program (SNAP) benefits — student count _____

Extension of SNAP benefits from any household member — student count _____

Total student count
Enter this number for Column 1 ☐

COLUMN 2: ELECTRONICALLY DIRECT CERTIFIED and DOCUMENTTION OF BENEFITS

Number of students identified by electronic direct certification receiving:

Individual Temporary Assistance for Needy Families (TANF) benefits — student count _____
Extension of TANF benefits from any household member — student count _____
Individual Foster child directly certified — student count _____

Number of individual student(s) documented as:

Homeless by district Homeless liaison — student count _____
Migrant by migrant coordinator — student count _____
Runway — student count _____
Foster child certified by DCFS — student count _____
Head Start — student count _____

Total Student Count
Enter this number for Column 2 ☐

COLUMN 3: ELECTRONICALLY DIRECT CERTIFIED BENEFITS- FREE MEDICAID

Number of students identified by electronic direct certification receiving Free Medicaid Benefits:

Individual FREE Medicaid benefit — student count _____

Extension of FREE Medicaid benefits from any household member — student count _____

Total Student Count
Enter this number for Column 3 ☐

COLUMN 4: ELECTRONICALLY DIRECT CERTIFIED REDUCED MEDICAID

Individual REDUCED Medicaid benefit — student count _____

Extension of REDUCED Medicaid benefits from any household member — student count _____

Total Student Count
Enter this number for Column 4 ☐

Step 2: Updates

Column 2:

TANF and Categorically Eligible:

Student count for each district site listed. Include students found on direct certification files as **TANF** beneficiaries, those who receive **TANF** benefits by extension of benefits and all other categorically eligible. Do not include Medicaid beneficiaries.

Optional- Step 2 Data Collection Form

Verification Summary Report Data Collection Form: Step 2

By answering the following questions, you will be collecting the data that is required for Step 2, Questions 1-5.
Data collection: Answer the following questions as of the last operating day of October for each site. Any student found as Directly Verified and extension of benefits due to Directly Verified students, should be reported on this step according to the type of benefit assistance they receive.

Complete one worksheet for each site and enter total student count for Columns 1, 2, 3, and 4.

Site Name_____

Step 2: Direct Certification – Student Count by Site

COLUMN 1: ELECTRONICALLY DIRECT CERTIFIED

STUDENT COUNT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
Number of students identified by electronic Direct Certification receiving

Individual Supplemental Nutrition Assistance Program (SNAP) benefits — student count _____

Extension of SNAP benefits from any household member — student count _____

Total student count
Enter this number for Column 1 ☐

COLUMN 2: ELECTRONICALLY DIRECT CERTIFIED and DOCUMENTTION OF BENEFITS

Number of students identified by electronic direct certification receiving:

Individual Temporary Assistance for Needy Families (TANF) benefits — student count _____
Extension of TANF benefits from any household member — student count _____
Individual Foster child directly certified — student count _____

Number of individual student(s) documented as:

Homeless by district Homeless liaison — student count _____
Migrant by migrant coordinator — student count _____
Runway — student count _____
Foster child certified by DCFS — student count _____
Head Start — student count _____

Total Student Count
Enter this number for Column 2 ☐

COLUMN 3: ELECTRONICALLY DIRECT CERTIFIED BENEFITS- FREE MEDICAID

Number of students identified by electronic direct certification receiving Free Medicaid Benefits:

Individual FREE Medicaid benefit — student count _____

Extension of FREE Medicaid benefits from any household member — student count _____

Total Student Count
Enter this number for Column 3 ☐

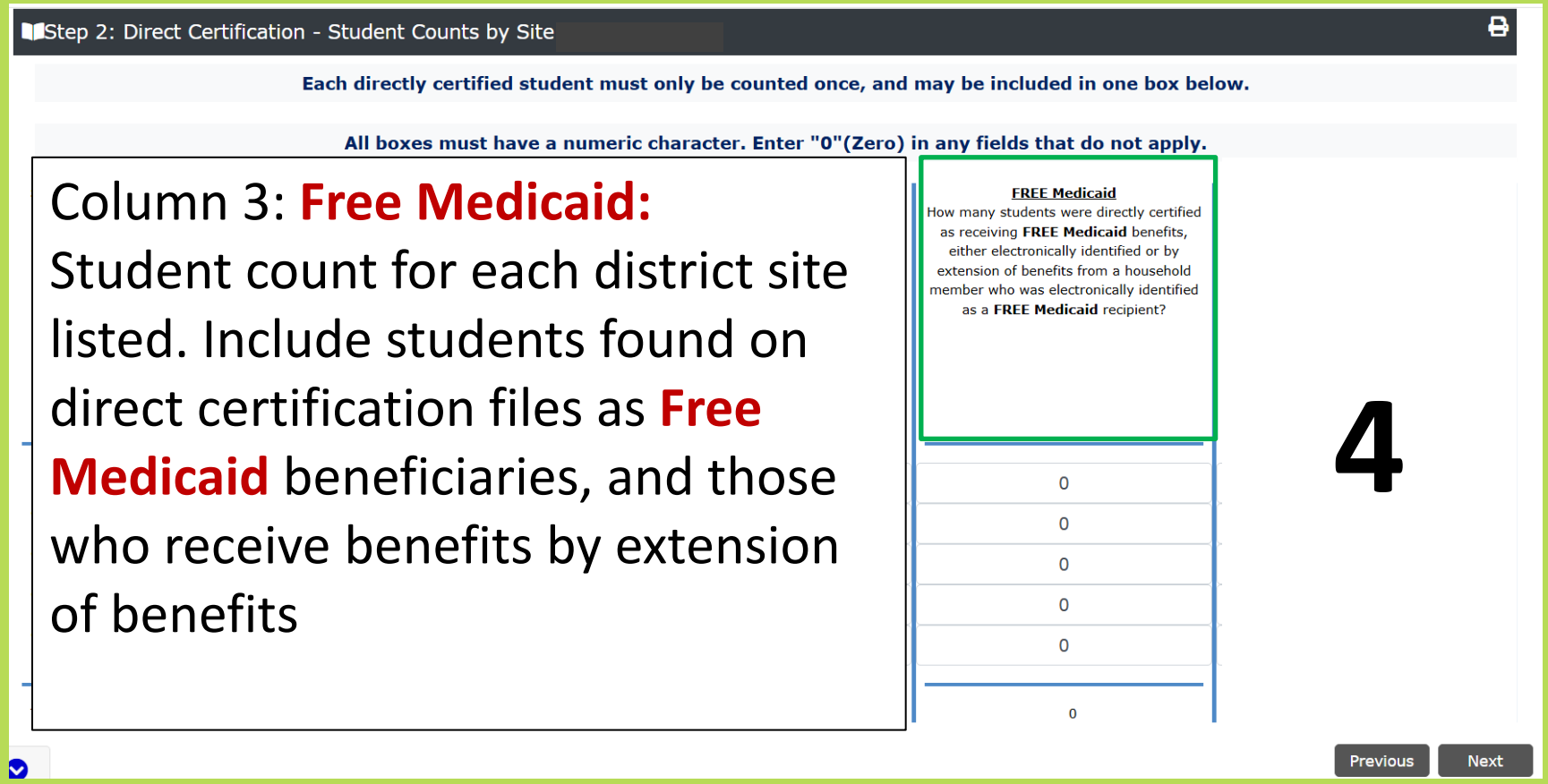
COLUMN 4: ELECTRONICALLY DIRECT CERTIFIED REDUCED MEDICAID

Individual REDUCED Medicaid benefit — student count _____

Extension of REDUCED Medicaid benefits from any household member — student count _____

Total Student Count
Enter this number for Column 4 ☐

Step 2: Updates



Column 3: **Free Medicaid:** Student count for each district site listed. Include students found on direct certification files as **Free Medicaid** beneficiaries, and those who receive benefits by extension of benefits

4

Optional- Step 2 Data Collection Form

Verification Summary Report Data Collection Form: Step 2

By answering the following questions, you will be collecting the data that is required for Step 2, Questions 1-5.
Data collection: Answer the following questions as of the last operating day of October for each site. Any student found as Directly Verified and extension of benefits due to Directly Verified students, should be reported on this step according to the type of benefit assistance they receive.

Complete one worksheet for each site and enter total student count for Columns 1, 2, 3, and 4.

Site Name_____

Step 2: Direct Certification – Student Count by Site

COLUMN 1: ELECTRONICALLY DIRECT CERTIFIED

STUDENT COUNT SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
Number of students identified by electronic Direct Certification receiving

Individual Supplemental Nutrition Assistance Program (SNAP) benefits — student count _____

Extension of SNAP benefits from any household member — student count _____

Total student count
Enter this number for Column 1 ☐

COLUMN 2: ELECTRONICALLY DIRECT CERTIFIED and DOCUMENTTION OF BENEFITS

Number of students identified by electronic direct certification receiving:

Individual Temporary Assistance for Needy Families (TANF) benefits — student count _____
Extension of TANF benefits from any household member — student count _____
Individual Foster child directly certified — student count _____

Number of individual student(s) documented as:

Homeless by district Homeless liaison — student count _____
Migrant by migrant coordinator — student count _____
Runway — student count _____
Foster child certified by DCFS — student count _____
Head Start — student count _____

Total Student Count
Enter this number for Column 2 ☐

COLUMN 3: ELECTRONICALLY DIRECT CERTIFIED BENEFITS- FREE MEDICAID

Number of students identified by electronic direct certification receiving Free Medicaid Benefits:

Individual FREE Medicaid benefit — student count _____

Extension of FREE Medicaid benefits from any household member — student count _____

Total Student Count
Enter this number for Column 3 ☐

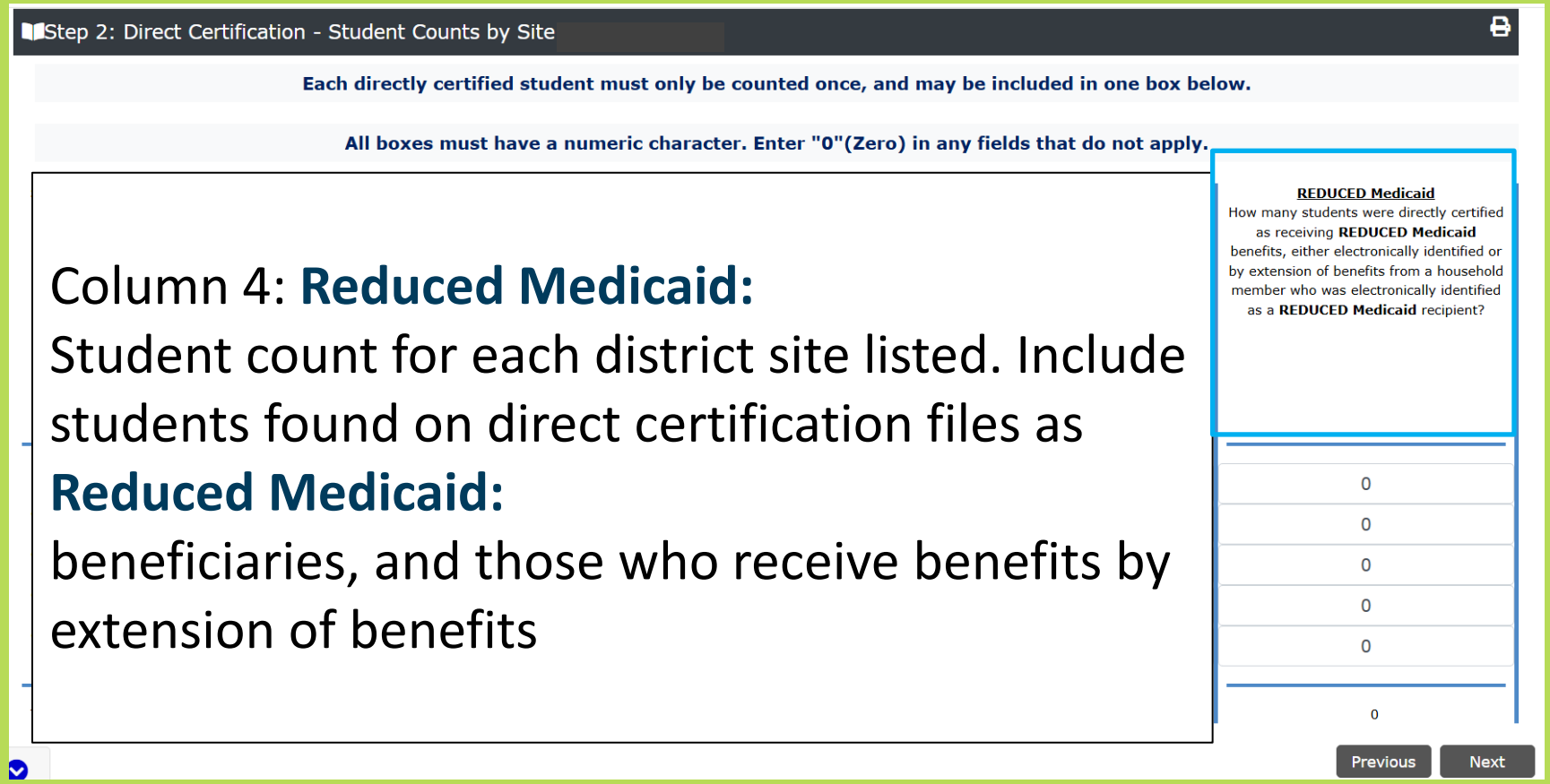
COLUMN 4: ELECTRONICALLY DIRECT CERTIFIED REDUCED MEDICAID

Individual REDUCED Medicaid benefit — student count _____

Extension of REDUCED Medicaid benefits from any household member — student count _____

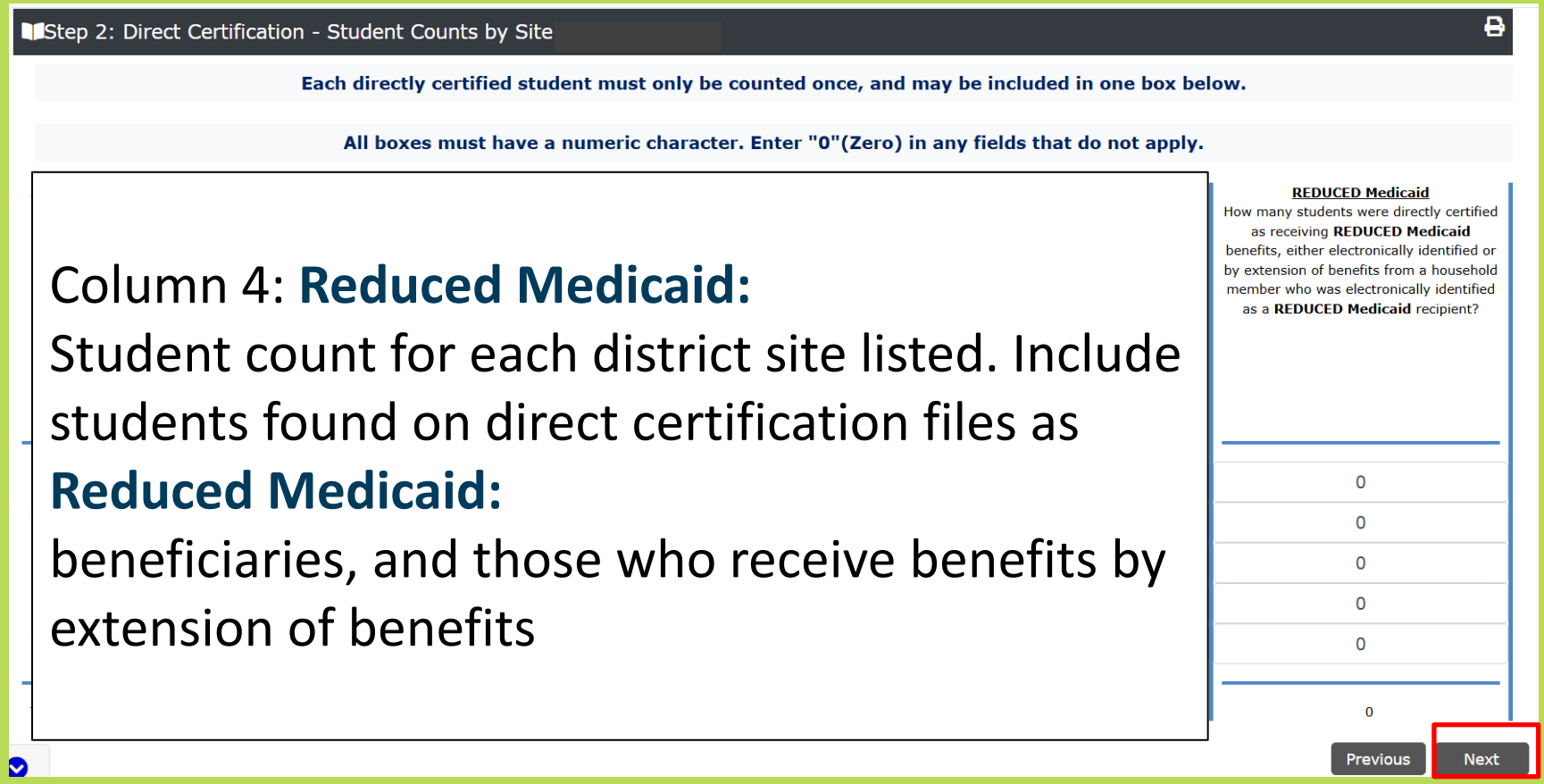
Total Student Count
Enter this number for Column 4 ☐

Step 2: Updates



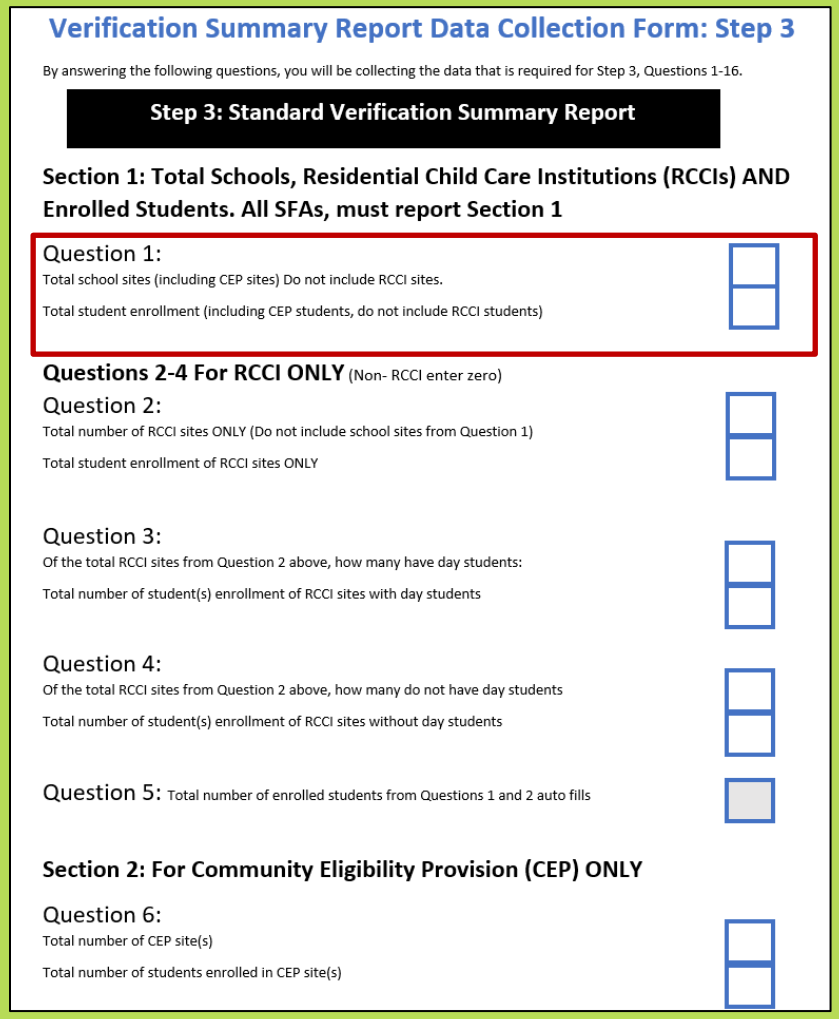
Column 4: **Reduced Medicaid:**
Student count for each district site listed. Include students found on direct certification files as **Reduced Medicaid:**
beneficiaries, and those who receive benefits by extension of benefits

Step 2: Updates



Column 4: **Reduced Medicaid:**
Student count for each district site listed. Include students found on direct certification files as **Reduced Medicaid:**
beneficiaries, and those who receive benefits by extension of benefits

Step 3 Data Collection Form



Verification Summary Report Data Collection Form: Step 3

By answering the following questions, you will be collecting the data that is required for Step 3, Questions 1-16.

Step 3: Standard Verification Summary Report

Section 1: Total Schools, Residential Child Care Institutions (RCCIs) AND Enrolled Students. All SFAs, must report Section 1

Question 1:
Total school sites (including CEP sites) Do not include RCCI sites.
Total student enrollment (including CEP students, do not include RCCI students)

Questions 2-4 For RCCI ONLY (Non- RCCI enter zero)

Question 2:
Total number of RCCI sites ONLY (Do not include school sites from Question 1)
Total student enrollment of RCCI sites ONLY

Question 3:
Of the total RCCI sites from Question 2 above, how many have day students:
Total number of student(s) enrollment of RCCI sites with day students

Question 4:
Of the total RCCI sites from Question 2 above, how many do not have day students
Total number of student(s) enrollment of RCCI sites without day students

Question 5: Total number of enrolled students from Questions 1 and 2 auto fills

Section 2: For Community Eligibility Provision (CEP) ONLY

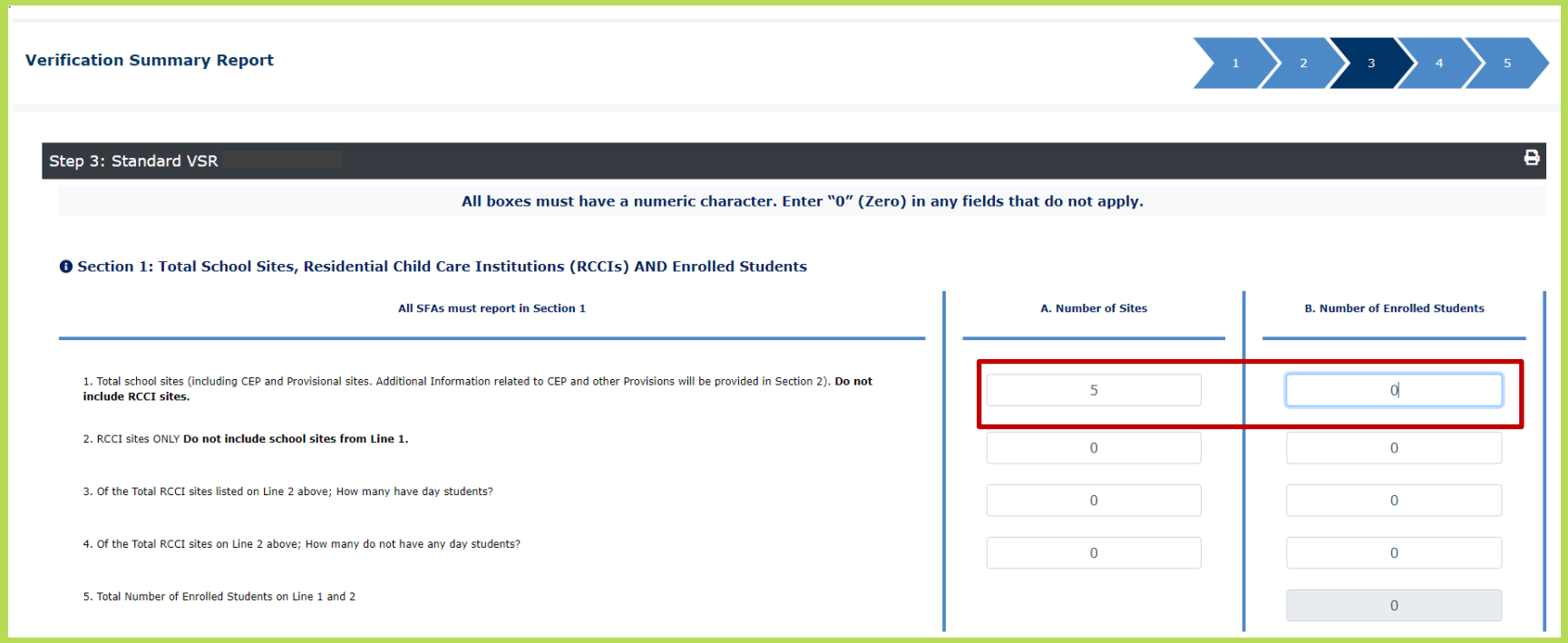
Question 6:
Total number of CEP site(s)
Total number of students enrolled in CEP site(s)

Step 3, Question 1

Please provide the total number of sites in your district operating a School Nutrition Program and the total enrollment count for those sites. Do not include residential sites or enrollment for this first two questions.

Districts with buildings not participating in School Nutrition Programs, please exclude the site from the site count and the students in those buildings from the district enrollment counts.

Step 3: Sites and Enrollment



Verification Summary Report

1 2 3 4 5

Step 3: Standard VSR

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

Section 1: Total School Sites, Residential Child Care Institutions (RCCIs) AND Enrolled Students

All SFAs must report in Section 1	A. Number of Sites	B. Number of Enrolled Students
1. Total school sites (including CEP and Provisional sites. Additional Information related to CEP and other Provisions will be provided in Section 2). **Do not include RCCI sites.**	5	0
2. RCCI sites ONLY **Do not include school sites from Line 1.**	0	0
3. Of the Total RCCI sites listed on Line 2 above; How many have day students?	0	0
4. Of the Total RCCI sites on Line 2 above; How many do not have any day students?	0	0
5. Total Number of Enrolled Students on Line 1 and 2		0

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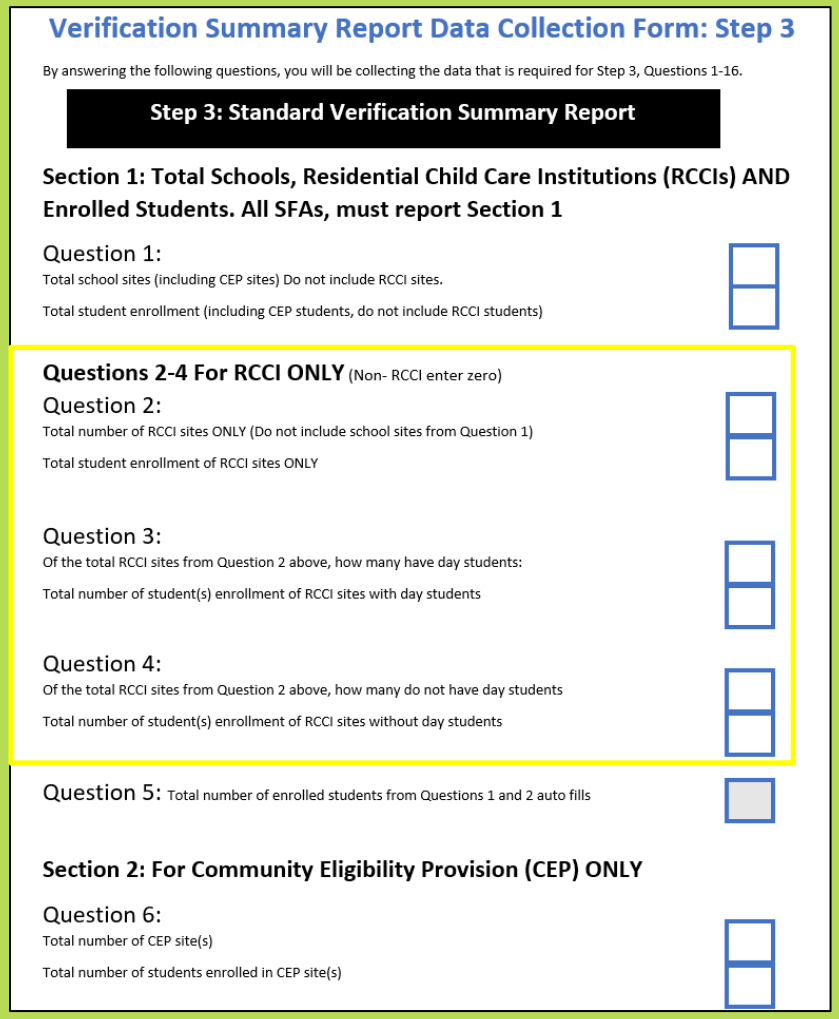
Step 3 Data Collection Form



Verification Summary Report Data Collection Form: Step 3

By answering the following questions, you will be collecting the data that is required for Step 3, Questions 1-16.

Step 3: Standard Verification Summary Report

Section 1: Total Schools, Residential Child Care Institutions (RCCIs) AND Enrolled Students. All SFAs, must report Section 1

Question 1:
Total school sites (including CEP sites) Do not include RCCI sites.
Total student enrollment (including CEP students, do not include RCCI students)

Questions 2-4 For RCCI ONLY (Non- RCCI enter zero)

Question 2:
Total number of RCCI sites ONLY (Do not include school sites from Question 1)
Total student enrollment of RCCI sites ONLY

Question 3:
Of the total RCCI sites from Question 2 above, how many have day students:
Total number of student(s) enrollment of RCCI sites with day students

Question 4:
Of the total RCCI sites from Question 2 above, how many do not have day students
Total number of student(s) enrollment of RCCI sites without day students

Question 5: Total number of enrolled students from Questions 1 and 2 auto fills

Section 2: For Community Eligibility Provision (CEP) ONLY

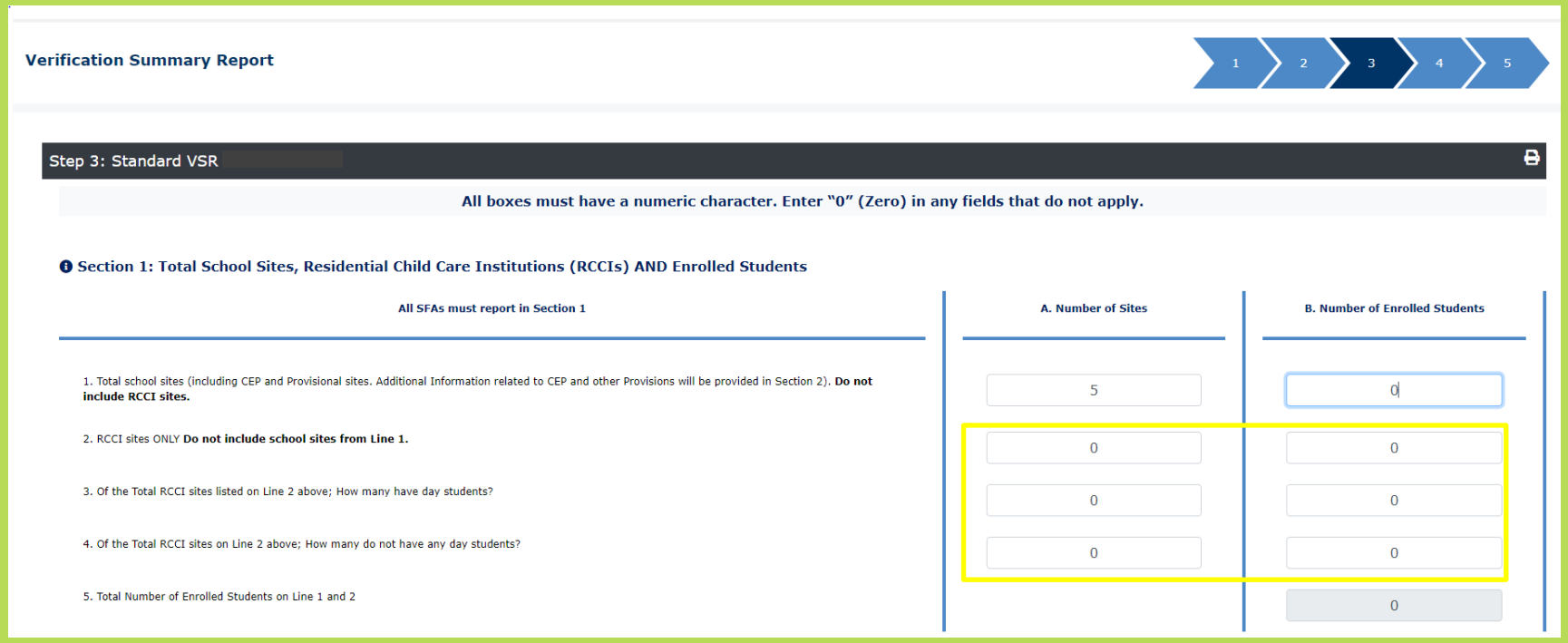
Question 6:
Total number of CEP site(s)
Total number of students enrolled in CEP site(s)

Step 3, Questions 2-4

Districts operating Residential Child Care Institutes please use this section to report site and enrollment data.

All other districts leave the zero responses.

Step 3: Residential Sites



Verification Summary Report

1 2 3 4 5

Step 3: Standard VSR

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

Section 1: Total School Sites, Residential Child Care Institutions (RCCIs) AND Enrolled Students

All SFAs must report in Section 1	A. Number of Sites	B. Number of Enrolled Students
1. Total school sites (including CEP and Provisional sites. Additional Information related to CEP and other Provisions will be provided in Section 2). **Do not include RCCI sites.**	5	0
2. RCCI sites ONLY **Do not include school sites from Line 1.**	0	0
3. Of the Total RCCI sites listed on Line 2 above; How many have day students?	0	0
4. Of the Total RCCI sites on Line 2 above; How many do not have any day students?	0	0
5. Total Number of Enrolled Students on Line 1 and 2		0

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Step 3 Data Collection Form

Verification Summary Report Data Collection Form: Step 3

By answering the following questions, you will be collecting the data that is required for Step 3, Questions 1-16.

Step 3: Standard Verification Summary Report

Section 1: Total Schools, Residential Child Care Institutions (RCCIs) AND Enrolled Students. All SFAs, must report Section 1

Question 1:
Total school sites (including CEP sites) Do not include RCCI sites.
Total student enrollment (including CEP students, do not include RCCI students)

Questions 2-4 For RCCI ONLY (Non- RCCI enter zero)

Question 2:
Total number of RCCI sites ONLY (Do not include school sites from Question 1)
Total student enrollment of RCCI sites ONLY

Question 3:
Of the total RCCI sites from Question 2 above, how many have day students:
Total number of student(s) enrollment of RCCI sites with day students

Question 4:
Of the total RCCI sites from Question 2 above, how many do not have day students
Total number of student(s) enrollment of RCCI sites without day students

Question 5: Total number of enrolled students from Questions 1 and 2 auto fills

Section 2: For Community Eligibility Provision (CEP) ONLY

Question 6:
Total number of CEP site(s)
Total number of students enrolled in CEP site(s)

Step 3 , Section 2, Question 6

Collects data for site approved and operating Community Eligibility Provision (CEP)

Districts with partial CEP, report site data.

Districts with no CEP sites, report zeros.

Step 3: CEP Site and Enrollment

Sponsors with some but not all sites approved in Community Eligibility Provision (CEP) provide the number of sites approved for CEP and the total enrollment for the site(s).

Section 2: Community Eligibility Provision (CEP)

Only SFAs Community Eligibility Provisions report in Section 2	A. Number of Sites	B. Number of Enrolled Students
6. Operating Community Eligibility Provision	0	0

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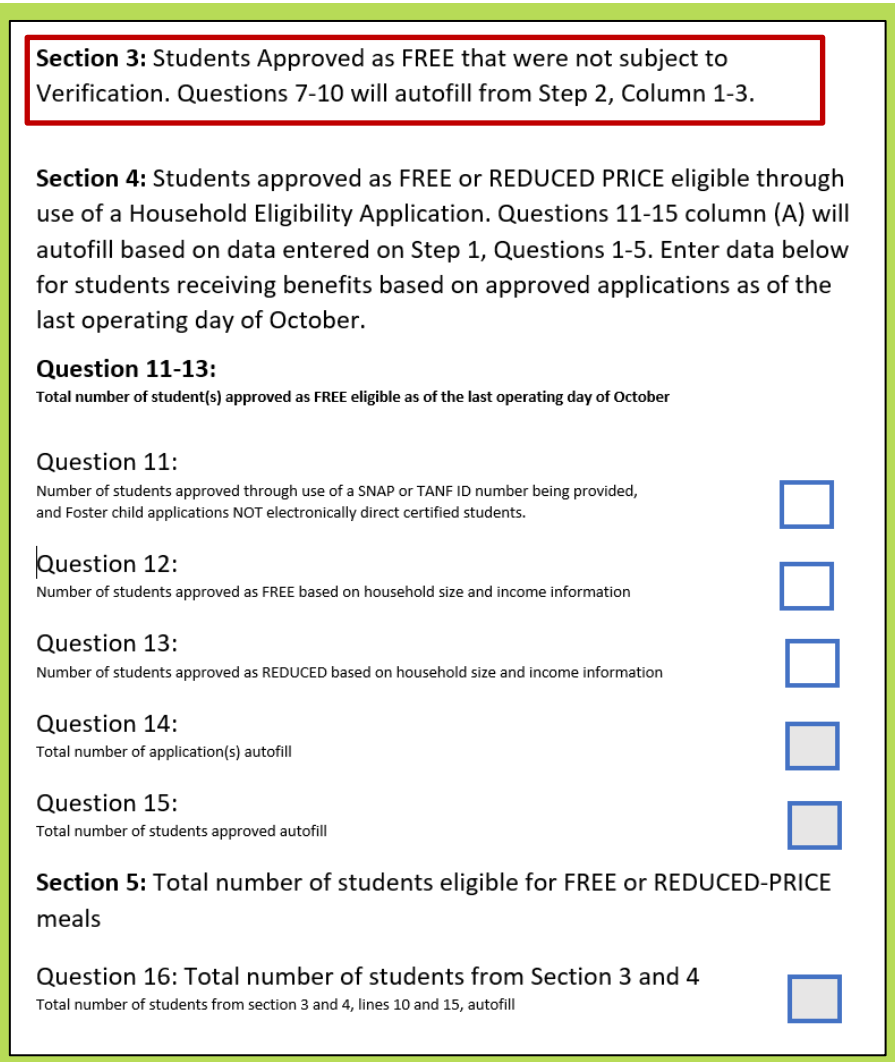
Step 3 Data Collection Form



Section 3: Students Approved as FREE that were not subject to Verification. Questions 7-10 will autofill from Step 2, Column 1-3.

Section 4: Students approved as FREE or REDUCED PRICE eligible through use of a Household Eligibility Application. Questions 11-15 column (A) will autofill based on data entered on Step 1, Questions 1-5. Enter data below for students receiving benefits based on approved applications as of the last operating day of October.

Question 11-13:
Total number of student(s) approved as FREE eligible as of the last operating day of October

Question 11:
Number of students approved through use of a SNAP or TANF ID number being provided, and Foster child applications NOT electronically direct certified students.

Question 12:
Number of students approved as FREE based on household size and income information

Question 13:
Number of students approved as REDUCED based on household size and income information

Question 14:
Total number of application(s) autofill

Question 15:
Total number of students approved autofill

Section 5: Total number of students eligible for FREE or REDUCED-PRICE meals

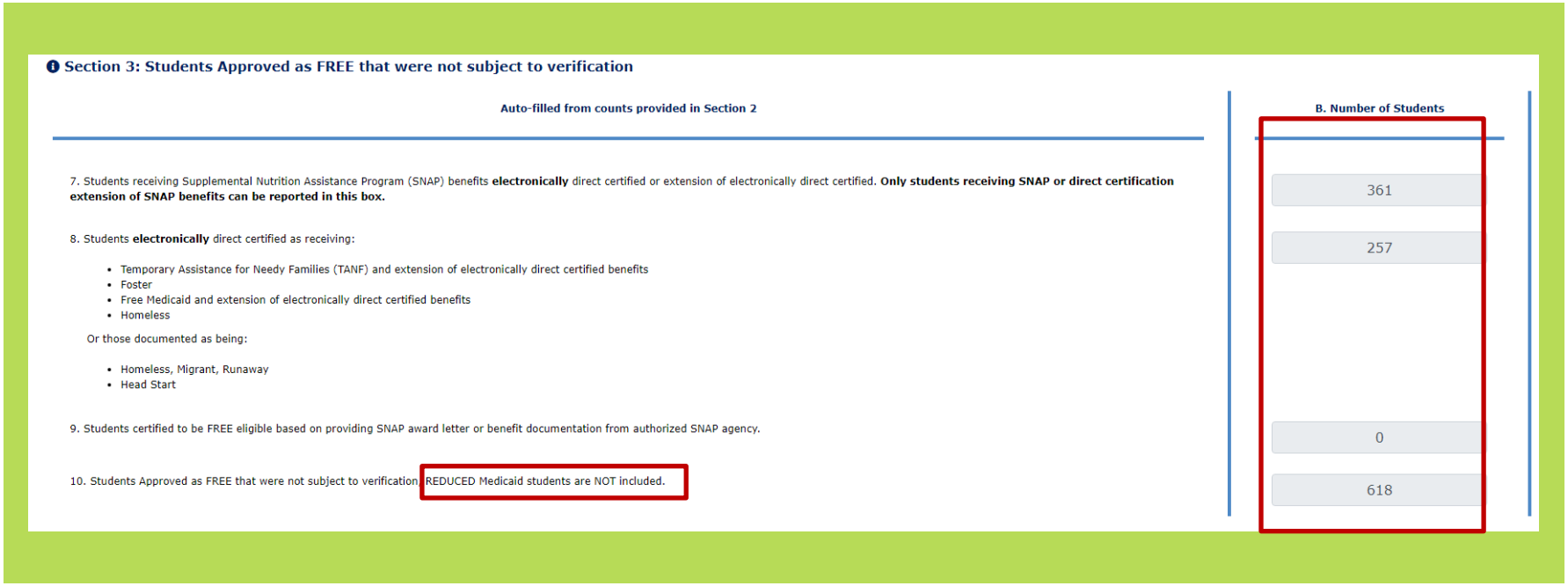
Question 16: Total number of students from Section 3 and 4
Total number of students from section 3 and 4, lines 10 and 15, autofill

Step 3, Section 3

Questions 7-10 will autofill with data provided on Step 2 with all directly certified student data from columns 1-3 only.

NOTE: The students receiving Reduced Medicaid will NOT be included in this student count.

Step 3: Section 3 Auto Fills



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

Auto-filled from counts provided in Section 2	B. Number of Students
7. Students receiving Supplemental Nutrition Assistance Program (SNAP) benefits **electronically** direct certified or extension of electronically direct certified. **Only students receiving SNAP or direct certification extension of SNAP benefits can be reported in this box.**	361
8. Students **electronically** direct certified as receiving: • Temporary Assistance for Needy Families (TANF) and extension of electronically direct certified benefits • Foster • Free Medicaid and extension of electronically direct certified benefits • Homeless Or those documented as being: • Homeless, Migrant, Runaway • Head Start	257
9. Students certified to be FREE eligible based on providing SNAP award letter or benefit documentation from authorized SNAP agency.	0
10. Students Approved as FREE that were not subject to verification. REDUCED Medicaid students are NOT included.	618

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Step 3 Data Collection Form

Section 3: Students Approved as FREE that were not subject to Verification. Questions 7-10 will autofill from Step 2, Column 1-3.

Section 4: Students approved as FREE or REDUCED PRICE eligible through use of a Household Eligibility Application. Questions 11-15 column (A) will autofill based on data entered on Step 1, Questions 1-5. Enter data below for students receiving benefits based on approved applications as of the last operating day of October.

Question 11-13:
Total number of student(s) approved as FREE eligible as of the last operating day of October

Question 11:
Number of students approved through use of a SNAP or TANF ID number being provided, and Foster child applications NOT electronically direct certified students.

Question 12:
Number of students approved as FREE based on household size and income information

Question 13:
Number of students approved as REDUCED based on household size and income information

Question 14:
Total number of application(s) autofill

Question 15:
Total number of students approved autofill

Section 5: Total number of students eligible for FREE or REDUCED-PRICE meals

Question 16: Total number of students from Section 3 and 4
Total number of students from section 3 and 4, lines 10 and 15, autofill

Step 3, Section 3

Questions 11B-13B enter the number of students receiving benefits based upon approved applications as of Oct 31st.

Questions 14-16 will autofill based on data provided.

Step 3: Student Count on HEA

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

All SFAs that collected applications must report Section 4	A. Number of Applications(Count taken on October 1)	B. Number of Students (Count taken on last operating day of October)
11. Approved as FREE eligible through use of a SNAP or TANF ID number being provided or through extension of benefits, and Foster child applications **NOT electronically direct certified students.**	3	0
12. Approved as FREE eligible based on household size and income information being provided.	15	0
13. Approved as REDUCED PRICE eligible based on household size and income information being provided.	32	0
14. Total Number of Applications.	50	
15. Total Number of Students.		0

Section 5: Total Number of students eligible for FREE or REDUCED PRICE meals.

16. Total Number of STUDENTS from Sections 3 and 4, lines 10 and 15 shown above.	1

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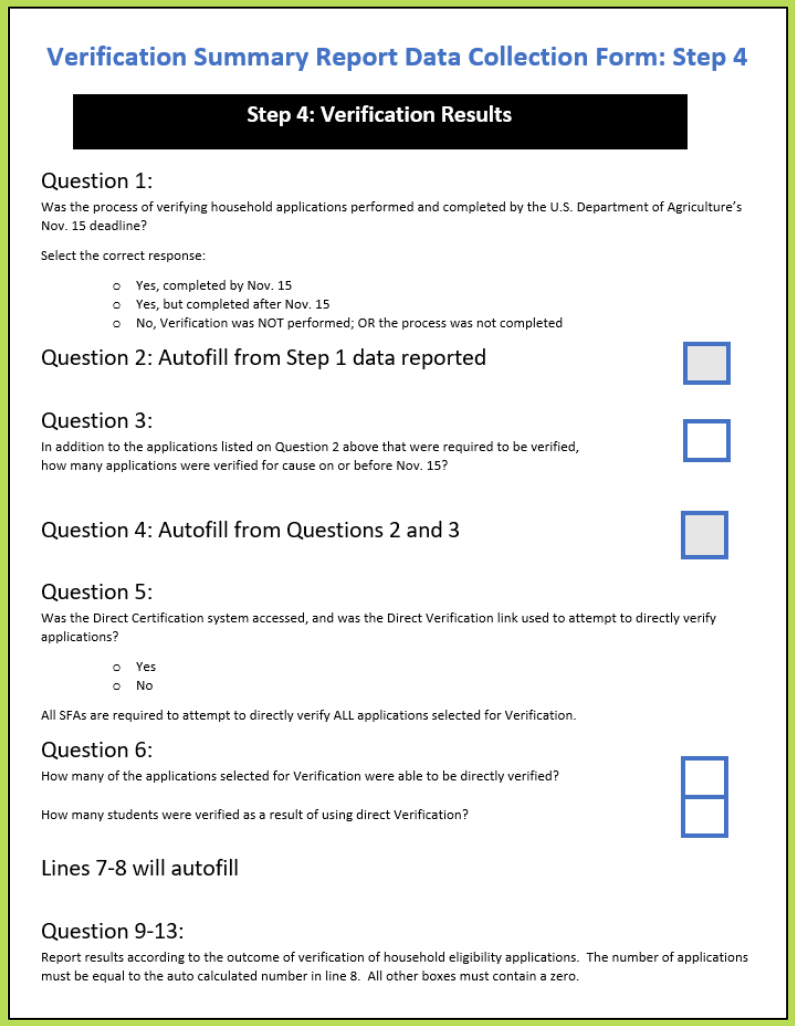
Step 4: Verification Results



Verification Summary Report Data Collection Form: Step 4

Step 4: Verification Results

Question 1:

Was the process of verifying household applications performed and completed by the U.S. Department of Agriculture's Nov. 15 deadline?

Select the correct response:

- Yes, completed by Nov. 15
- Yes, but completed after Nov. 15
- No, Verification was NOT performed; OR the process was not completed

Question 2: Autofill from Step 1 data reported

Question 3:

In addition to the applications listed on Question 2 above that were required to be verified, how many applications were verified for cause on or before Nov. 15?

Question 4: Autofill from Questions 2 and 3

Question 5:

Was the Direct Certification system accessed, and was the Direct Verification link used to attempt to directly verify applications?

- Yes
- No

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

Question 6:

How many of the applications selected for Verification were able to be directly verified?

How many students were verified as a result of using direct Verification?

Lines 7-8 will autofill

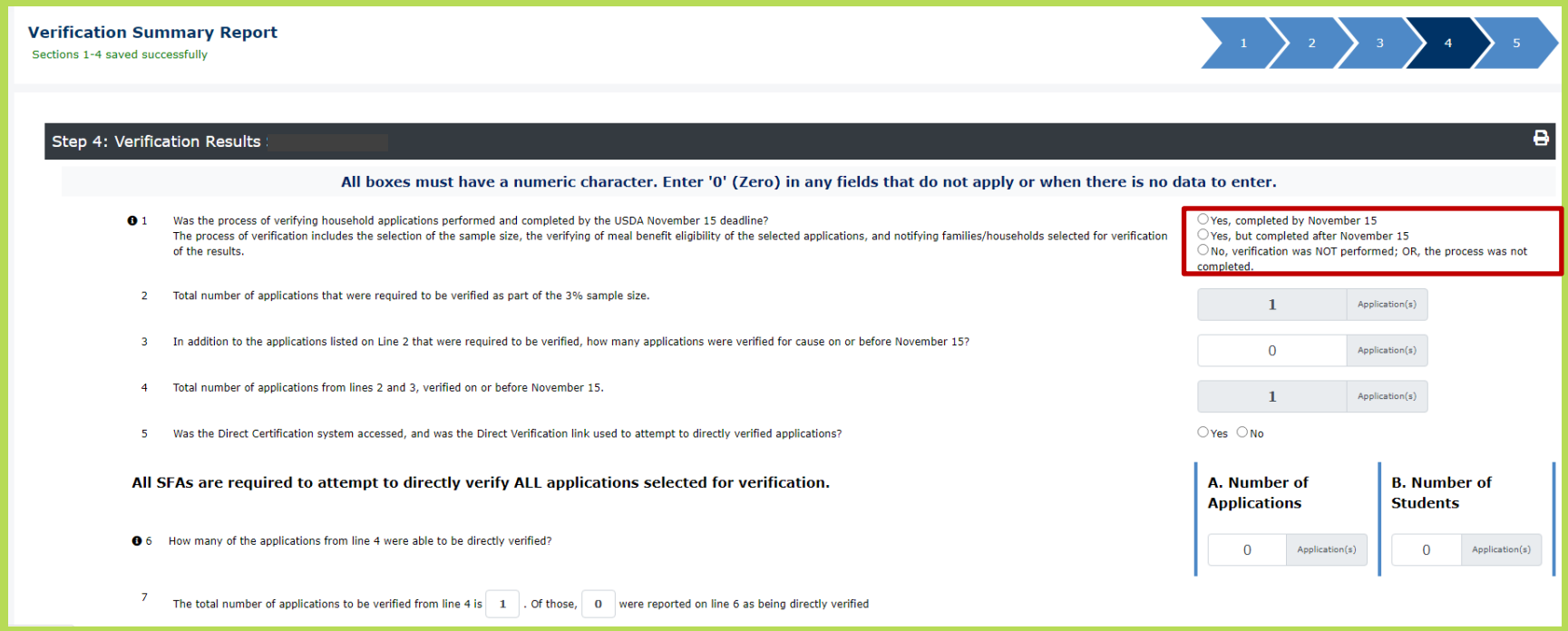
Question 9-13:

Report results according to the outcome of verification of household eligibility applications. The number of applications must be equal to the auto calculated number in line 8. All other boxes must contain a zero.

Step 4 Collects verification results, timeline and method of verification.

Step 4 Question, 1- if verification process was completed by November 17, 2025, mark "Yes, completed by Nov 15"

Step 4: Completion Date



Verification Summary Report

Sections 1-4 saved successfully

1 2 3 4 5

Step 4: Verification Results

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

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

2 Total number of applications that were required to be verified as part of the 3% sample size. — 1 Application(s)

3 In addition to the applications listed on Line 2 that were required to be verified, how many applications were verified for cause on or before November 15? — 0 Application(s)

4 Total number of applications from lines 2 and 3, verified on or before November 15. — 1 Application(s)

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

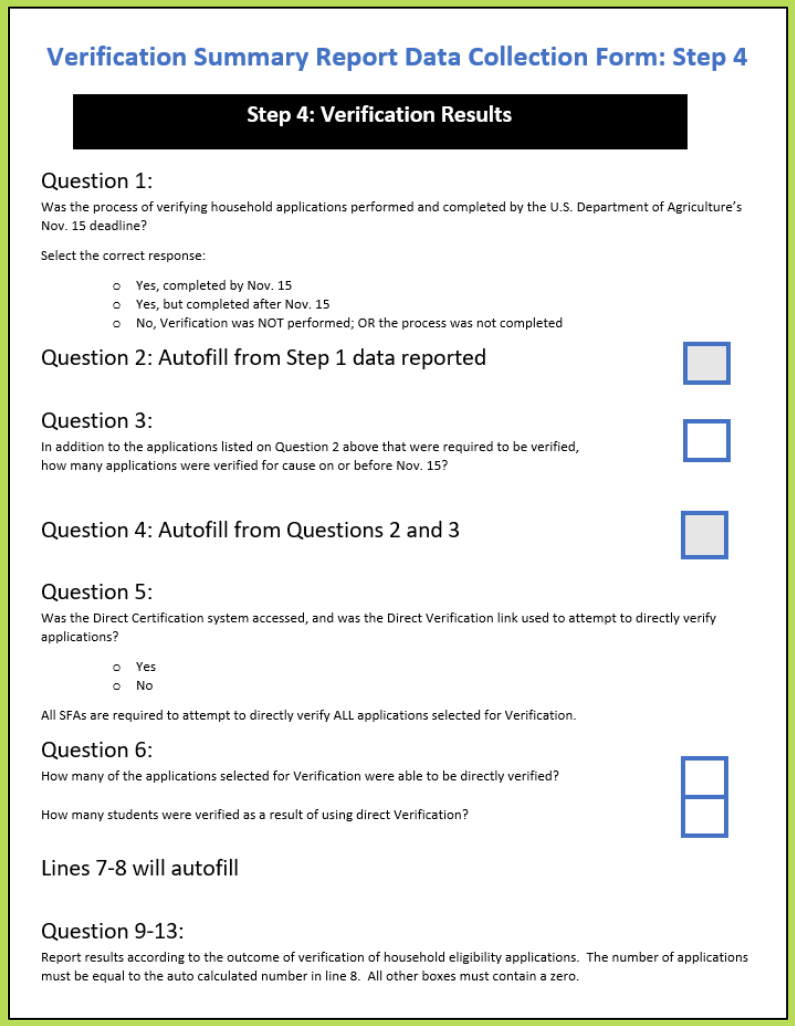
All SFAs are required to attempt to directly verify ALL applications selected for verification.

	A. Number of Applications	B. Number of Students
6 How many of the applications from line 4 were able to be directly verified?	0 Application(s)	0 Application(s)

7 The total number of applications to be verified from line 4 is 1 . Of those, 0 were reported on line 6 as being directly verified

ILLINOIS STATE BOARD OF EDUCATION

Step 4: Verification Results



Verification Summary Report Data Collection Form: Step 4

Step 4: Verification Results

Question 1:

Was the process of verifying household applications performed and completed by the U.S. Department of Agriculture's Nov. 15 deadline?

Select the correct response:

- Yes, completed by Nov. 15
- Yes, but completed after Nov. 15
- No, Verification was NOT performed; OR the process was not completed

Question 2: Autofill from Step 1 data reported

Question 3:

In addition to the applications listed on Question 2 above that were required to be verified, how many applications were verified for cause on or before Nov. 15?

Question 4: Autofill from Questions 2 and 3

Question 5:

Was the Direct Certification system accessed, and was the Direct Verification link used to attempt to directly verify applications?

- Yes
- No

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

Question 6:

How many of the applications selected for Verification were able to be directly verified?

How many students were verified as a result of using direct Verification?

Lines 7-8 will autofill

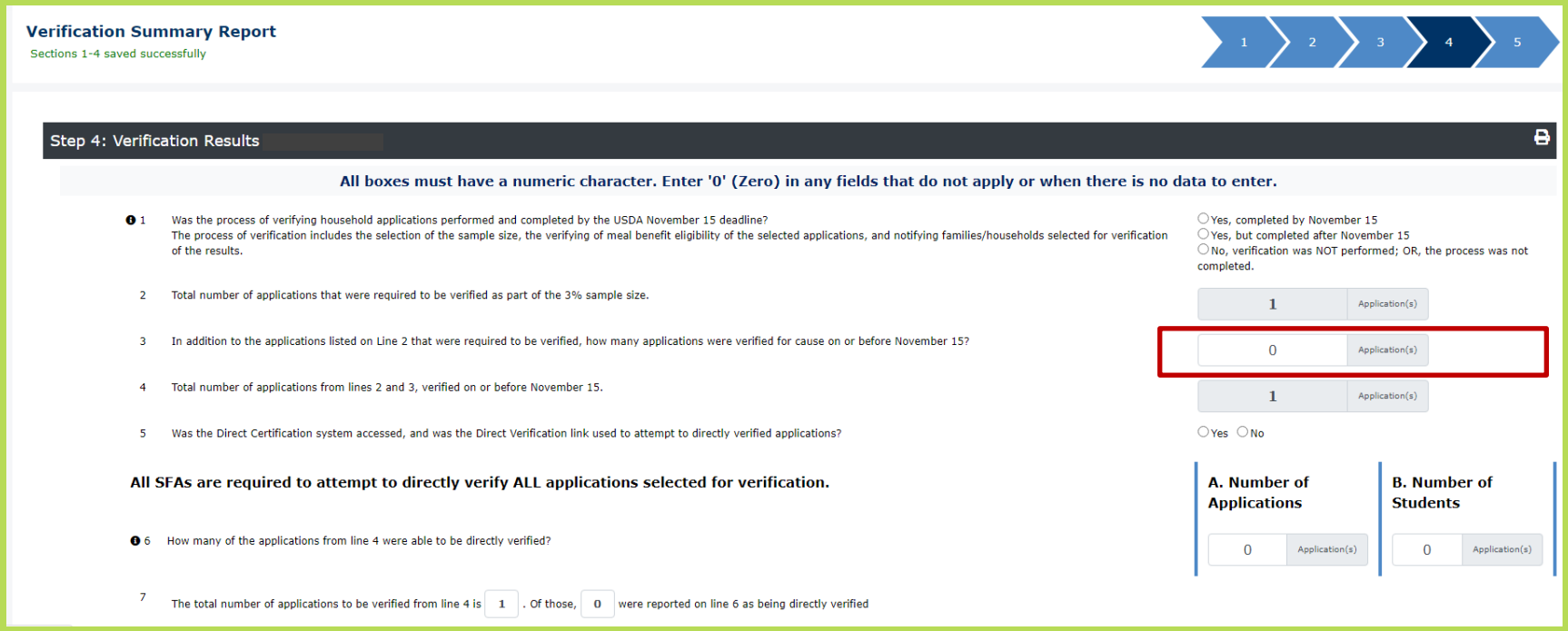
Question 9-13:

Report results according to the outcome of verification of household eligibility applications. The number of applications must be equal to the auto calculated number in line 8. All other boxes must contain a zero.

Step 4, Question 2 will autofill

Step 4, Question 3- provide the number of applications that were selected to verify for cause. These are applications verified in addition to the required 3%.

Step 4: Verified for Cause



Verification Summary Report

Sections 1-4 saved successfully

1 2 3 4 5

Step 4: Verification Results

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

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

2 Total number of applications that were required to be verified as part of the 3% sample size. 1 Application(s)

3 In addition to the applications listed on Line 2 that were required to be verified, how many applications were verified for cause on or before November 15? 0 Application(s)

4 Total number of applications from lines 2 and 3, verified on or before November 15. 1 Application(s)

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

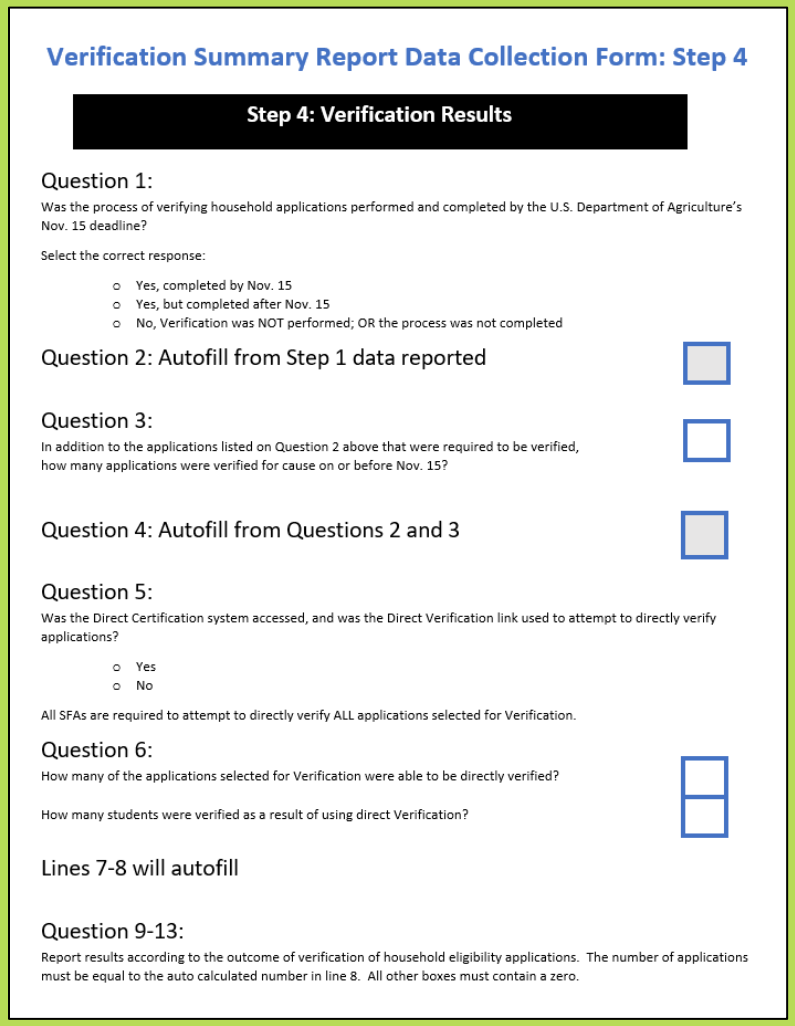
All SFAs are required to attempt to directly verify ALL applications selected for verification.

	A. Number of Applications	B. Number of Students
6 How many of the applications from line 4 were able to be directly verified?	0 Application(s)	0 Application(s)

7 The total number of applications to be verified from line 4 is 1 . Of those, 0 were reported on line 6 as being directly verified

ILLINOIS STATE BOARD OF EDUCATION

Step 4: Verification Results



Verification Summary Report Data Collection Form: Step 4

Step 4: Verification Results

Question 1:

Was the process of verifying household applications performed and completed by the U.S. Department of Agriculture's Nov. 15 deadline?

Select the correct response:

- Yes, completed by Nov. 15
- Yes, but completed after Nov. 15
- No, Verification was NOT performed; OR the process was not completed

Question 2: Autofill from Step 1 data reported

Question 3:

In addition to the applications listed on Question 2 above that were required to be verified, how many applications were verified for cause on or before Nov. 15?

Question 4: Autofill from Questions 2 and 3

Question 5:

Was the Direct Certification system accessed, and was the Direct Verification link used to attempt to directly verify applications?

- Yes
- No

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

Question 6:

How many of the applications selected for Verification were able to be directly verified?

How many students were verified as a result of using direct Verification?

Lines 7-8 will autofill

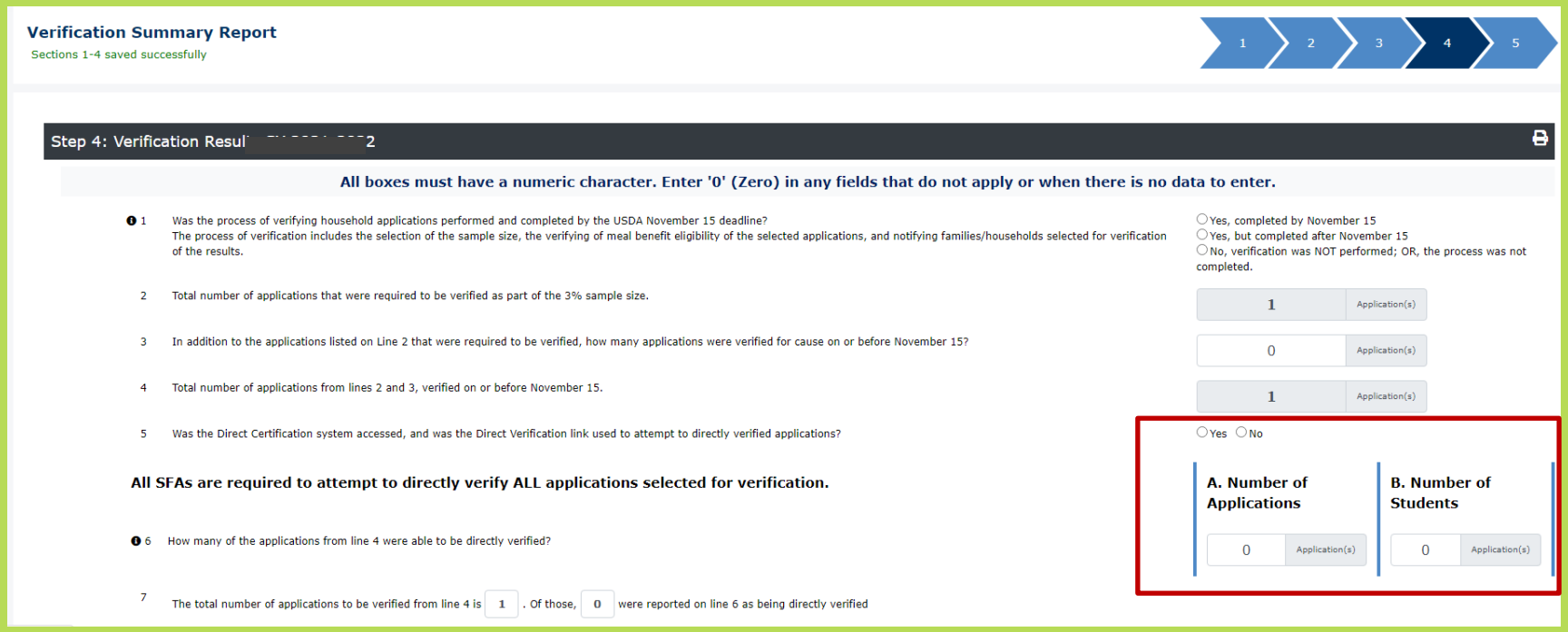
Question 9-13:

Report results according to the outcome of verification of household eligibility applications. The number of applications must be equal to the auto calculated number in line 8. All other boxes must contain a zero.

Step 4, Question 5-indicate if you attempted to Directly Verify any household applications.

Step 4, Question 6- if any students were found as directly verified, provide the total number of applications and total number of students on those applications.

Step 4: Directly Verified



Verification Summary Report

Sections 1-4 saved successfully

1 2 3 4 5

Step 4: Verification Resul[redacted]2

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

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

2 Total number of applications that were required to be verified as part of the 3% sample size. **1** Application(s)

3 In addition to the applications listed on Line 2 that were required to be verified, how many applications were verified for cause on or before November 15? 0 Application(s)

4 Total number of applications from lines 2 and 3, verified on or before November 15. **1** Application(s)

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

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

	A. Number of Applications	B. Number of Students
6 How many of the applications from line 4 were able to be directly verified?	0 Application(s)	0 Application(s)

7 The total number of applications to be verified from line 4 is **1** . Of those, **0** were reported on line 6 as being directly verified

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Step 4: Directly Verified

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					

If a student on the Household Eligibility Application or anyone in the same household as the student appears as directly verified, the verification process is complete for this application.

ILLINOIS STATE BOARD OF EDUCATION

Step 4: Directly Verified

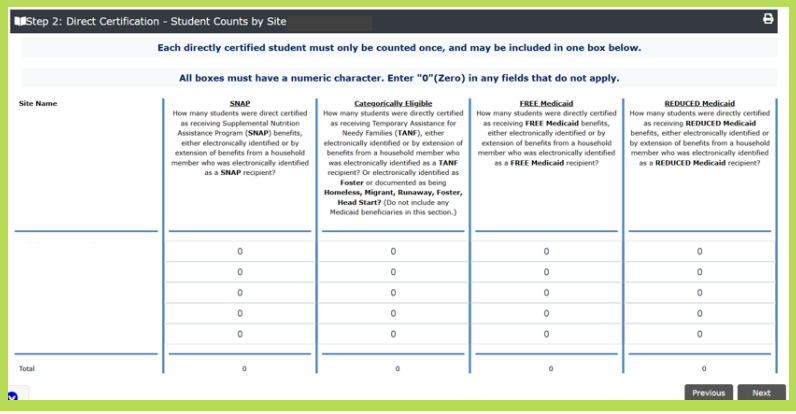
Exact Matches

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

If the same student appears as a directly verified match with more than one assistance source as shown here, report the student and all extensions of benefits at the highest benefit source on step 2 of the Verification Summary Report.

The assistance sources rank in the following order:

- SNAP
- TANF
- Foster
- Homeless
- Free Medicaid
- Reduced Medicaid



Step 2: Direct Certification - Student Counts by Site

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

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

Site Name	SNAP How many students were direct certified as receiving Supplemental Nutrition Assistance Program (**SNAP**) benefits, either electronically identified or by extension of benefits from a household member who was electronically identified as a **SNAP** recipient?	Categorically Eligible How many students were directly certified as receiving Temporary Assistance for Needy Families (**TANF**), either electronically identified or by extension of benefits from a household member who was electronically identified as a **TANF** recipient? Or electronically identified as **Foster** or documented as being **Homeless, Migrant, Runaway, Foster, Head Start?** (Do not include any Medicaid beneficiaries in this section.)	FREE Medicaid How many students were directly certified as receiving **FREE Medicaid** benefits, either electronically identified or by extension of benefits from a household member who was electronically identified as a **FREE Medicaid** recipient?	REDUCED Medicaid How many students were directly certified as receiving **REDUCED Medicaid** benefits, either electronically identified or by extension of benefits from a household member who was electronically identified as a **REDUCED Medicaid** recipient?
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total	0	0	0	0

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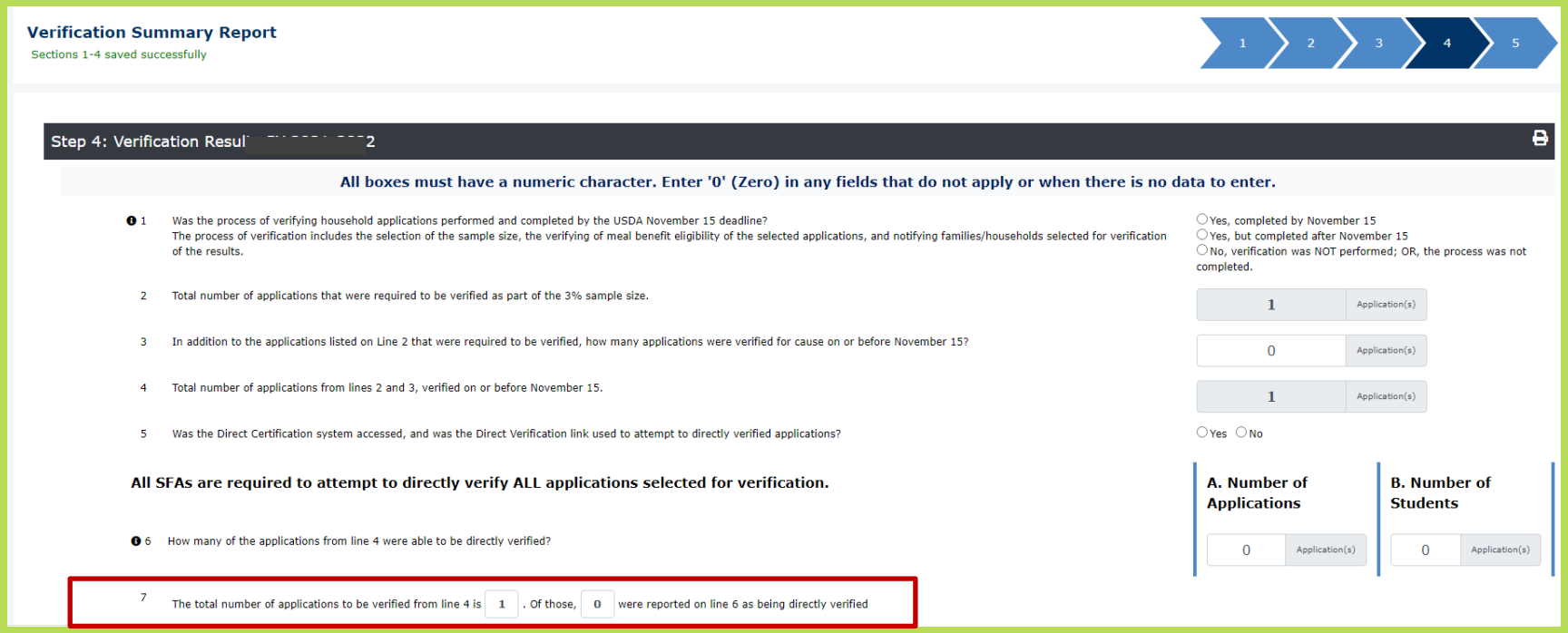
Step 4: Applications to Verify



Verification Summary Report

Sections 1-4 saved successfully

1 2 3 4 5

Step 4: Verification Resul[redacted]2

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

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

2 Total number of applications that were required to be verified as part of the 3% sample size. 1 Application(s)

3 In addition to the applications listed on Line 2 that were required to be verified, how many applications were verified for cause on or before November 15? 0 Application(s)

4 Total number of applications from lines 2 and 3, verified on or before November 15. 1 Application(s)

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

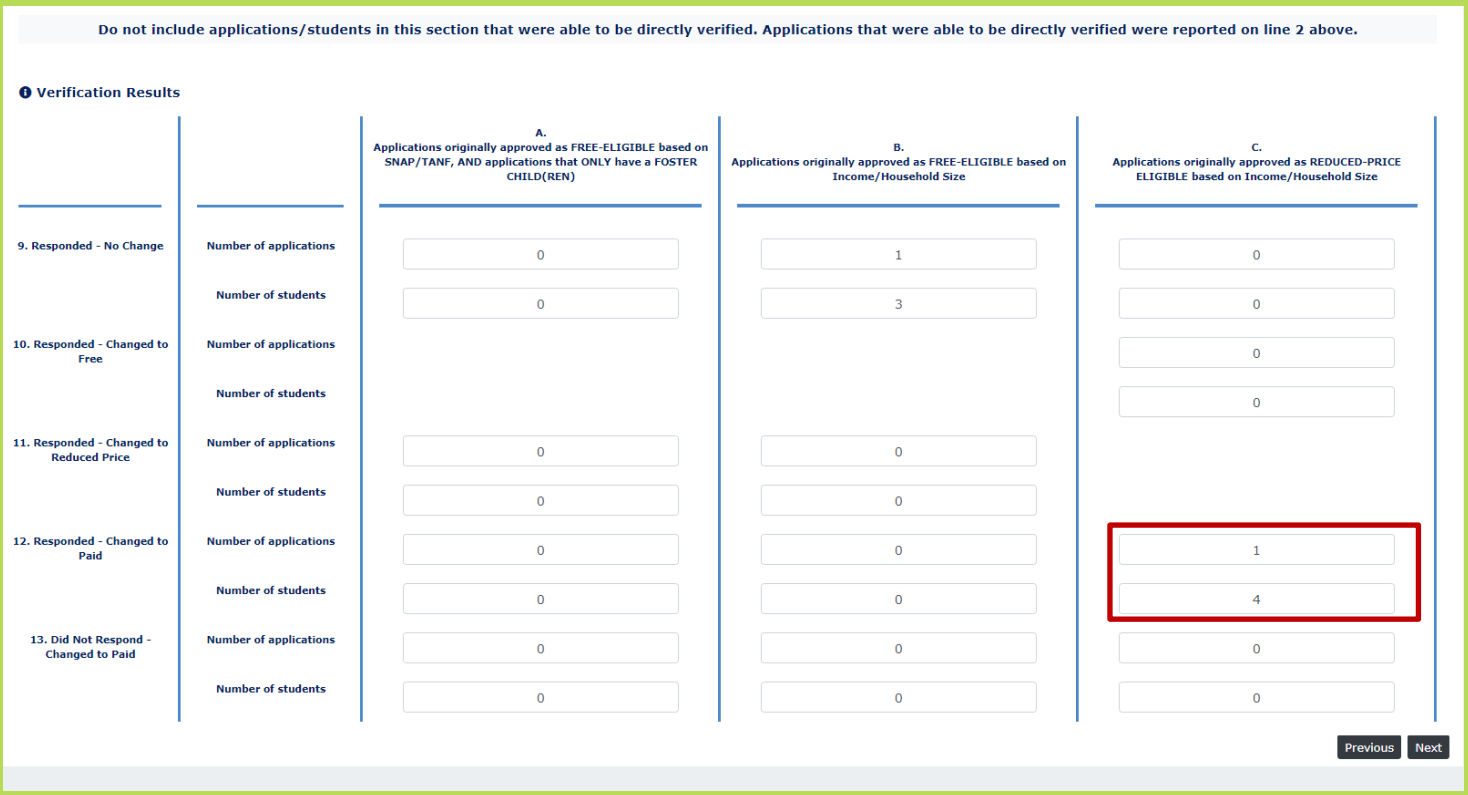
All SFAs are required to attempt to directly verify ALL applications selected for verification.

	A. Number of Applications	B. Number of Students
6 How many of the applications from line 4 were able to be directly verified?	0 Application(s)	0 Application(s)

7 The total number of applications to be verified from line 4 is 1 . Of those, 0 were reported on line 6 as being directly verified

ILLINOIS STATE BOARD OF EDUCATION

Step 4: Reporting Results



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

Verification Results

		A. Applications originally approved as FREE-ELIGIBLE based on SNAP/TANF, AND applications that ONLY have a FOSTER CHILD(REN)	B. Applications originally approved as FREE-ELIGIBLE based on Income/Household Size	C. Applications originally approved as REDUCED-PRICE ELIGIBLE based on Income/Household Size
9. Responded - No Change	Number of applications	0	1	0
	Number of students	0	3	0
10. Responded - Changed to Free	Number of applications			0
	Number of students			0
11. Responded - Changed to Reduced Price	Number of applications	0	0	
	Number of students	0	0	
12. Responded - Changed to Paid	Number of applications	0	0	1
	Number of students	0	0	4
13. Did Not Respond - Changed to Paid	Number of applications	0	0	0
	Number of students	0	0	0

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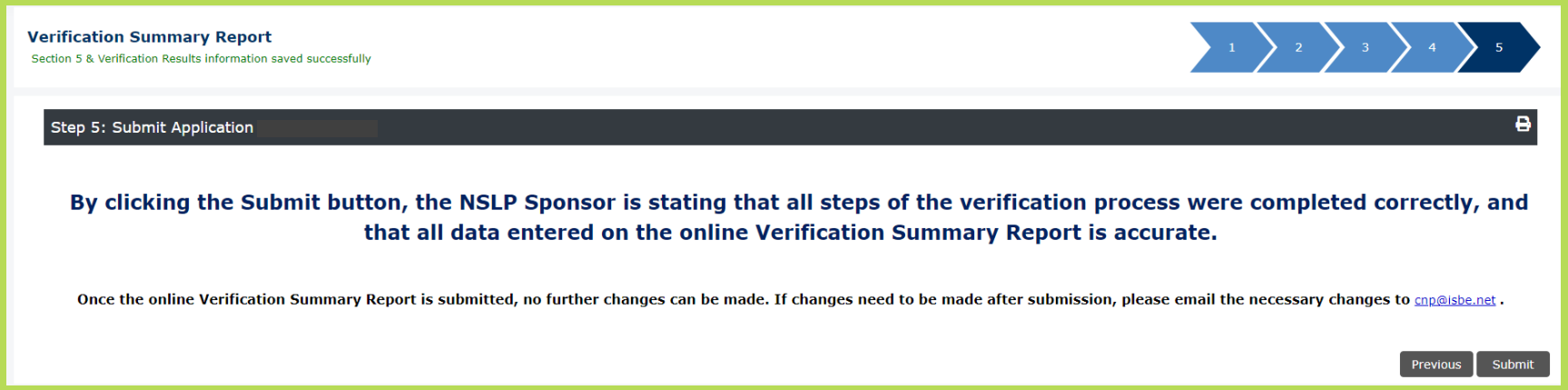
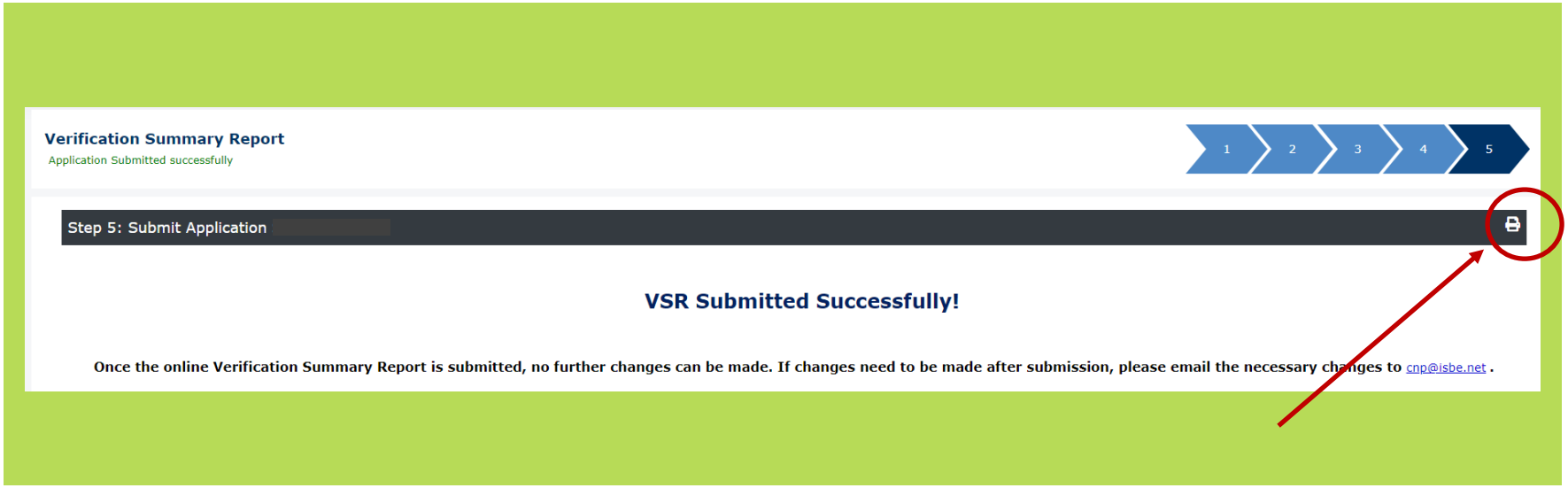
Step 5: Final Review



Please review before submitting steps 1-4 data. This report locks upon submission and will require ISBE assistance to edit.

ILLINOIS STATE BOARD OF EDUCATION

VSR- Submitted



ILLINOIS STATE BOARD OF EDUCATION

Review Findings

- ✓ Not completing verification process by **Nov 15**
- ✓ Benefits not changed or terminated based on verification results
- ✓ Sending proper documentation to households
- ✓ Not submitting Verification Summary Report by **Dec 15**

ILLINOIS STATE BOARD OF EDUCATION

Contact Information

Nutrition Programs

800.545.7892 or

217.782.2491

cnp@isbe.net

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