

# **Certification of Eligibility Webinar**

## **August 27, 2013**

**Nutrition and Wellness Programs Division  
Illinois State Board of Education**

**Please be patient, the  
webinar will begin shortly.**

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# Carryover of Previous Year's Eligibility

- LEAs are required to carryover eligibility from the previous year for 30 operating days into the subsequent school year **OR** until a new determination has been made, whichever comes first.
- For example:
  - Student was FREE on the last day of school the prior school year. As of the first day of school, the student is NOT directly certified and no HEA has been submitted for this student.
  - If the student is served a reimbursable meal, such meal is claimed free.
  - On day 16 of school, the household submits a HEA and the school processes the application. The student is eligible for reduced price meals. Notify the household and then the benefits are changed to reduced price benefits after notification.
  - Changed Scenario - As of day 31 of school, the student is NOT directly certified and no HEA has been submitted for this student. If the student is served a reimbursable meal, such meal must be claimed as PAID.
- Although schools are NOT required to notify households that carryover period has ended, we have a sample form for this purpose available at <http://www.isbe.net/nutrition/pdf/NTRCE.pdf>.
- Household is responsible for any meal charges incurred until new application is received and approved. Refer to your Local school policy on charging meals.

# Sample School Timeline for Certification of Meal Benefits



1. On or near July 1, access the *Electronic Direct Certification System* to conduct direct certification of SNAP/TANF students.
2. Enter or upload eligibility data for these students including the extension of free meal benefits to ALL household members.
3. Notify these households of their free meal benefits.
4. At the beginning of the school year, after July 1, distribute to all households, excluding those directly certified, the letter to household, Household Eligibility Application (HEA), and application instructions.

# Sample School Timeline for Certification of Meal Benefits



5. If a HEA with SNAP/TANF case number is submitted, please check the *Electronic Direct Certification System* to determine if the student may be directly certified.
  - If a match is found, status should be FREE based on direct certification (SNAP, TANF, Foster or Medicaid).
  - If a match is NOT found, process HEA at face value.
6. Within 10 days of receipt of HEA, process the application.
7. Enter or upload eligibility data for these students including the extension of SNAP/TANF/Medicaid categorical eligible meal benefits to ALL household members.
8. Notify these households of their meal benefits.
  - If meal benefits are denied, notice MUST be in writing.
9. **Monthly**, access the *Electronic Direct Certification System* to conduct direct certification of SNAP/TANF/Foster/Medicaid students.

# Full-Year Eligibility



- Eligibility begins on the date of certification, whether direct certification report date or processed date of the HEA, and remains in effect for the rest of that school year and for carryover into the subsequent school year.
- Households are NOT required to report changes in income, household size, receipt of benefits, or homeless/migrant status.
- Exceptions to full-year eligibility occur when:
  - The initial eligibility determination was incorrect, maybe due to a confirmation review or audit/review.
  - Verification of household eligibility does not support the level of benefits for which the household was approved.



# USDA Policy Extending SNAP/TANF Eligibility for Free Meal Benefits

- Extending eligibility means that ALL children in the household who are participating in a Child Nutrition Program are categorically eligible for free meal/milk benefits if any child or **ADULT** receiving SNAP/TANF/Income-eligible Medicaid benefits is a member of that household.
  - Extension of benefits is for SNAP/TANF/Income Eligible Medicaid eligibility ONLY! There is NO extension of benefits for Foster Child Status.
  - **NOTE:** The *Electronic Direct Certification System* contains only children aged 18 years old and younger.
- Sample form to document the extension of SNAP/TANF benefits is ISBE 54-45.
  - It is used to document extension of SNAP/TANF/Income Eligible Medicaid Direct Certification benefits.
  - If there is an extension of SNAP/TANF HEA benefits, the HEA serves this purpose.

# How Are Meal Benefits Determined?

- Direct Certification
  - Certification of SNAP/TANF/Income-eligible Medicaid/Foster Child benefits via *Electronic Direct Certification System*
- OR
- Categorical Eligibility
  - Homeless, migrant, runaway, foster child or Head Start listing
- OR
- Household Eligibility Application (HEA)
  - SNAP/TANF application
  - Income application
  - Foster child application



# Categorical Eligibility—Head Start, Foster Child, Homeless, Migrant, and Runaway Children

- Dated list with each child's name and signed by appropriate person
  - Head Start director
  - Foster Care Agency Director
  - Homeless education liaison
  - Shelter director
  - Migrant education coordinator
  - Runaway and homeless youth service provider
- OR
- Application with child's name and signature of appropriate person
- Sample form is available at [http://www.isbe.net/nutrition/pdf/50-73\\_hmls\\_cert\\_mm.pdf](http://www.isbe.net/nutrition/pdf/50-73_hmls_cert_mm.pdf)

# Distribution of the Household Eligibility Application (HEA)

- The three (3) page HEA are posted online at [http://www.isbe.net/nutrition/htmls/household\\_eligibility.htm](http://www.isbe.net/nutrition/htmls/household_eligibility.htm) and consists of:
  - Letter to Household,
  - Household Eligibility Application, and
  - Application Instructions.
- Each school year, at the beginning of school, each LEA should distribute the HEA to all households that are not directly certified for meal benefits.
- If the LEA accepts electronic applications, the LEA distributes a letter that provides directions to the household how to access the system to apply for meal benefits. This letter MUST state that any household may request a paper HEA and how.
- HEAs cannot be
  - Sent home at the end of the school year for next year, or
  - Accepted and processed by the LEAs before the beginning of the federally defined school year which begins July 1, with the exception of year-round schools.

# Household Eligibility Application (HEA)

- Over the next few slides, we will take a closer look at each section of the HEA.
- We will then go through each type of HEA that might be submitted to the LEA, and discuss the process used for approval/denial of such HEA.

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

1. All Household Members										SCHOOL USE ONLY					
NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>										<small>(If Student)</small>	<small>Grade</small>	SNAP OR TANF CASE NUMBER <small>Skip to Part 4 if you are a SNAP or TANF case number. At least one SNAP/TANF must be provided below.</small>	<small>Skip to Part 4 if you are a SNAP or TANF case number. At least one SNAP/TANF must be provided below.</small>	<small>Check if NO Income</small>	<small>Check if Foster Child</small>

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

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)  
☐ Homeless   ☐ Migrant   ☐ Runaway   ☐ Head Start  
Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director \_\_\_\_\_ Date \_\_\_\_\_

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/very other week; \$100/week)							
	B. Amount		C. Amount		D. Amount		E. Amount	
	How often?	How often?	How often?	How often?	How often?	How often?	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 or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the / do not have a social security number box.  
X X X X - X X -      ☐ I do not have a social security number.  
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) \_\_\_\_\_ 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

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.  
No! I DO NOT want information from my Household Eligibility Application shared with All Kids.      Sign here: \_\_\_\_\_

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

SCHOOL USE ONLY	
<input type="checkbox"/>	Check if Error Prone Application

~~NAMES OF ALL HOUSEHOLD MEMBERS~~

(for Student only)  
School Name \_\_\_\_\_

(for Student only)  
Grade \_\_\_\_\_

**SNAP OR TANF CASE NUMBER** Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.

Check if  
NO  
Income

Check if  
Foster  
Child\*

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

☒ 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. <b>NAMES</b> (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)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	B. Amount	How often?	C. Amount	How often?	D. Amount	How often?	E. 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 or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the *I do not have a social security number* box.

X X X - X X - \_\_\_\_  
Social Security Number

☐ 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)    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

### 7. Sharing Application Information With *All Kids*—*All Kids* program is a complete healthcare program for every child in Illinois.

No! I **DO NOT** want information from my Household Eligibility Application shared with *All Kids*.

Sign here: \_\_\_\_\_



**- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -**

**INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ 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** \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Date: \_\_\_\_\_

*THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN ILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS*

**CONFIRMATION** (Prior to verification and only for those applications selected for verification.)

**Signature of Confirming Official** \_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION**

DIRECT VERIFICATION COMPLETED ☐

DATE VERIFICATION NOTICE SENT: \_\_\_\_\_

DATE RESPONSE DUE FROM

HOUSEHOLD: \_\_\_\_\_

(recommend 10 calendar days)

INITIAL DETERMINATION

- ☐ Free based on SNAP/TANF case number
- ☐ Free based on income
- ☐ Reduced based on income

VERIFICATION RESULTS:

- ☐ No Change
- ☐ Free to Reduced
- ☐ Free to Paid
- ☐ Reduced to Free
- ☐ Reduced to Paid

REASON FOR CHANGE:

- ☐ Income: \$ \_\_\_\_\_
- ☐ Household Size: \_\_\_\_\_
- ☐ Change in SNAP/TANF
- ☐ Did not respond
- ☐ Other: \_\_\_\_\_

DATE NOTICE OF STATUS

CHANGE SENT: \_\_\_\_\_

EFFECTIVE DATE OF STATUS

CHANGE: \_\_\_\_\_

DATE, METHOD, RESULTS OF FOLLOW-UP: \_\_\_\_\_

(recommend 3 business days)

☐ Mail ☐ Telephone ☐ Personal Contact

Results

**Verifying Official's Signature** \_\_\_\_\_

Date: \_\_\_\_\_

# SNAP/TANF Household Eligibility Application

SNAP/TANF HEA must contain:

- Names of all household members including the child(ren) who will receive benefits
- Accurate SNAP/TANF case number for at least one household member (child or adult) of the household. Applications with Medicaid case numbers are NOT accepted for meal benefits. Income Eligible Medicaid may only be used if found via electronic direct certification in participating LEAs ONLY!
  - The case number MUST be a qualifying number based on ISBE guidance.
- Signature of an adult household member
- **NOTE:** If a HEA with SNAP/TANF case number is submitted to an LEA, please check the Electronic Direct Certification System to determine if the student may be directly certified.
  - If found, status should be FREE based on direct certification.
  - If NOT found, process HEA at face value.

# Acceptable SNAP/TANF Case ID Numbers

- May be ANY Household Member's SNAP/TANF Case ID Number
- Case numbers must contain **10–13 digits** in the following format: **XX-XXX-XX-XXX(XXX)**
- Case numbers starting with:
  - **04 or 06** means the person is receiving TANF and is eligible for free meals.
  - **08** means the person is receiving SNAP and is eligible for free meals.
  - **91, 92, 93, 94, or 96 ALONG WITH a 22 as the 6<sup>th</sup> and 7<sup>th</sup> digits** means the person is receiving medical benefits along with SNAP and based on the latter, is eligible for free meals.
  - **91, 92, 93, 94, or 96 ALONG WITH a 00 as the 6<sup>th</sup> and 7<sup>th</sup> digits** means the person MAY be receiving SNAP and TANF in addition to medical benefits; however, further information is needed.

# Acceptable SNAP/TANF Case ID Numbers

- *Example:* 91-226-22-F19876 qualifies for free meal benefits.
- *Example:* 91-226-00-F19876 does not qualify for free meal benefits without additional documentation. See Exception details in Handbook.
- *Example:* 98-226-22-F19876 does not qualify for free meal benefits.

# Income Applications



- HEAs based on income must contain:
  - Names of all household members including the child(ren) who will receive benefits
  - All household members receiving incomes and the frequency of each income
  - Signature and last 4 digits of the social security number of the adult household member signing the application
- Compare income to appropriate Income Eligibility Guidelines (IEGs). (see next slide)
- Special Household Eligibility Application Situations are identified in the Administrative Handbook available online.

# Income Conversion

When income is reported on a HEA:

- If only one income is reported or all income at the same frequency (weekly, every two weeks, etc.), **DO NOT CONVERT**. Add the income amounts and compare to the IEGs.
- If incomes are received by the household at different intervals, **all income must be annualized**. Do not round converted income.
- Conversion Figures
  - Weekly X 52
  - Every two weeks X 26
  - Twice a month X 24
  - Monthly X12





## FISCAL YEAR 2014 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2013, through June 30, 2014:

Income Eligibility Guidelines  
Effective from July 1, 2013, to June 30, 2014

Free Meals 130% Federal Poverty Guideline						Reduced-Price Meals 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,937	1,245	623	575	288	1	21,257	1,772	886	818	409
2	20,163	1,681	841	776	388	2	28,694	2,392	1,196	1,104	552
3	25,389	2,116	1,058	977	489	3	36,131	3,011	1,506	1,390	695
4	30,615	2,552	1,276	1,178	589	4	43,568	3,631	1,816	1,676	838
5	35,841	2,987	1,494	1,379	690	5	51,005	4,251	2,126	1,962	981
6	41,067	3,423	1,712	1,580	790	6	58,442	4,871	2,436	2,248	1,124
7	46,293	3,858	1,929	1,781	891	7	65,879	5,490	2,745	2,534	1,267
8	51,519	4,294	2,147	1,982	991	8	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	5,226	436	218	201	101	For each additional family member, add	7,437	620	310	287	144

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

Available online at [http://www.isbe.net/nutrition/pdf/IEG\\_14.pdf](http://www.isbe.net/nutrition/pdf/IEG_14.pdf).

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The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2013, through June 30, 2014:

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Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,937	1,245	823	575	288	1	21,257	1,772	888	818	409
2	20,163	1,681	841	778	388	2	28,694	2,392	1,196	1,104	552
3	25,389	2,116	1,058	977	489	3	36,131	3,011	1,506	1,390	695
4	30,615	2,552	1,276	1,178	589	4	43,568	3,631	1,816	1,676	838
5	35,841	2,987	1,494	1,379	690	5	51,005	4,251	2,126	1,962	981
6	41,067	3,423	1,712	1,580	790	6	58,442	4,871	2,436	2,248	1,124
7	46,293	3,858	1,929	1,781	891	7	65,879	5,490	2,745	2,534	1,267
8	51,519	4,294	2,147	1,982	991	8	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	5,228	436	218	201	101	For each additional family member, add	7,437	620	310	287	144

Example: Household of 4 with income received twice per month

- Eligible for FREE if total income is \$1,276 or below
- Eligible for REDUCED if total income is \$1,277 - \$1,816

# Foster Child Household Eligibility Application

- Foster children, whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household, are categorically eligible to receive free meals/milk.
- This may be documented via a categorical listing from a representative with a foster care placement agency or via the HEA.
- Please note that a separate HEA is no longer required for each foster child.
- Therefore, a HEA may contain a foster child and additional members of the household, resulting in two different eligibility statuses on the same HEA.

# Approving HEAs

- HEAs must be processed (approved or denied by the LEA) within ten (10) working days of receipt.
- The determining official must:
  - Indicate the eligibility determination
  - Sign each HEA
  - Date each HEA the day it is approved/denied
    - If approved, benefits may not be received prior to the date of approval.

- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -				
<b>INITIAL DETERMINATION</b>				
TOTAL INCOME \$ _____		Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year		NUMBER IN HOUSEHOLD: _____
				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				
<input type="checkbox"/> <b>Free based on:</b> <input type="checkbox"/> homeless <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> migrant <input type="checkbox"/> foster child <input type="checkbox"/> runaway <input type="checkbox"/> household's income <input type="checkbox"/> Head Start		<input type="checkbox"/> <b>Reduced based on:</b> <input type="checkbox"/> household's income		
<input type="checkbox"/> <b>Denied—Reason:</b> <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF				
Signature of Determining Official _____				Date Withdrawn: _____ Date: _____
THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN ILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS				
<b>CONFIRMATION</b> (Prior to verification and only for those applications selected for verification.)		Signature of Confirming Official _____ Date: _____		
<b>VERIFICATION</b>				
DIRECT VERIFICATION COMPLETED <input type="checkbox"/> DATE VERIFICATION NOTICE SENT: _____ DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)		<b>INITIAL DETERMINATION</b> <input type="checkbox"/> Free based on SNAP/TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income		<b>VERIFICATION RESULTS:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid
		<b>REASON FOR CHANGE:</b> <input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in SNAP/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____		DATE NOTICE OF STATUS CHANGE SENT: _____ EFFECTIVE DATE OF STATUS CHANGE: _____
DATE, METHOD, RESULTS OF FOLLOW-UP: _____ (recommend 3 business days)		<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact Results _____		Verifying Official's Signature _____ Date: _____
68-03 School Year 2013-2014 NSSTAP (6/13)				

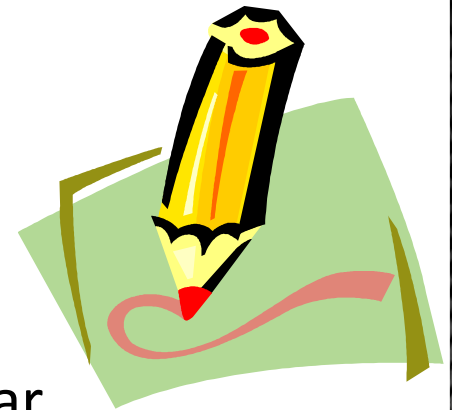
# Incomplete Applications

The determining official cannot process an incomplete HEA.

- Return copy of HEA to the household to obtain missing information.
  - If adult member signature is missing, HEA must be returned to obtain a signature.
  - Faxed HEA may be acceptable.
- Contact household and note missing information on the HEA.
  - All changes should be initialed and dated.

# If a Household Is Denied Benefits

- The household must receive written notification including the following:
  - Reason for denial
  - Right to appeal
  - Instruction on how to appeal
  - Notification that the household may reapply at any time during the school year
- Sample denial/approval letter available online at <http://www.isbe.net/nutrition/pdf/DEAPPLE.pdf>.





# **ISBE School-Based Child Nutrition Programs Administrative Handbook – School Year 2013- 2014 available online at**

**[http://www.isbe.net/nutrition/sbn\\_handbook/toc.htm](http://www.isbe.net/nutrition/sbn_handbook/toc.htm)**

**ISBE  
School-Based Child Nutrition Programs  
Administrative Handbook  
School Year 2013-2014**



**Illinois State Board of Education  
Nutrition Programs Division  
800.545.7892 or 217.782.2491  
Fax: 217.524.6124  
[www.isbe.net/nutrition](http://www.isbe.net/nutrition)  
[cnp@isbe.net](mailto:cnp@isbe.net)**

# Upcoming Training Tuesday Webinars

- **Verification Process and Summary Report**
  - September 17, 2013
- **NSLP/SBP Menu Planning**
  - October 15, 2013
- **The NEW Administrative Review Process – SY2013-2014**
  - November 19, 2013
- **USDA Foods (Government Donated Commodities)**
  - December 17, 2013
- **More dates/topics to come through May 2014!**



# Contact Us

Nutrition and Wellness Programs Division  
Illinois State Board of Education  
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