



Verification of Eligibility for School Meals

**National School Lunch Program (NSLP)
School Breakfast Program (SBP)**

Illinois State Board of Education
Nutrition Division



Community Eligibility Provision

[Community Eligibility Provision](#) (CEP) districtwide
....there is no need to conduct verification and no
household eligibility applications.





Terms- Certification

- **Certification**- approval of household eligibility application.



Terms- Determination

- **Certification**- approval of household eligibility application.
- **Determination**- review of household eligibility application - **Determining Official**



Terms- Confirmation

- **Certification**- approval of household eligibility application.
- **Determination**- review of household eligibility application - **Determining Official**
- **Confirmation**- second review of household eligibility application by a different staff person, “second set of eyes” -**Confirming Official**



Terms- Verification

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

- Verification for a household eligibility application
- 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

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



Household Eligibility Applications

July													
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY							
25	26	27	28	29	30	1							
2	3	4	5	August									
9	10	11	12										
16	17	18	19										
23	24	25	26	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
30	31	NOTES	6	7	8	9	September						
			13	14	15	16	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			20	21	22	23	27	28	29	30	31	1	2
			27	28	29	30	3	4	5	6	7	8	9
							10	11	12	13	14	15	16
							17	18	19	20	21	22	23
							24	25	26	27	28	29	30



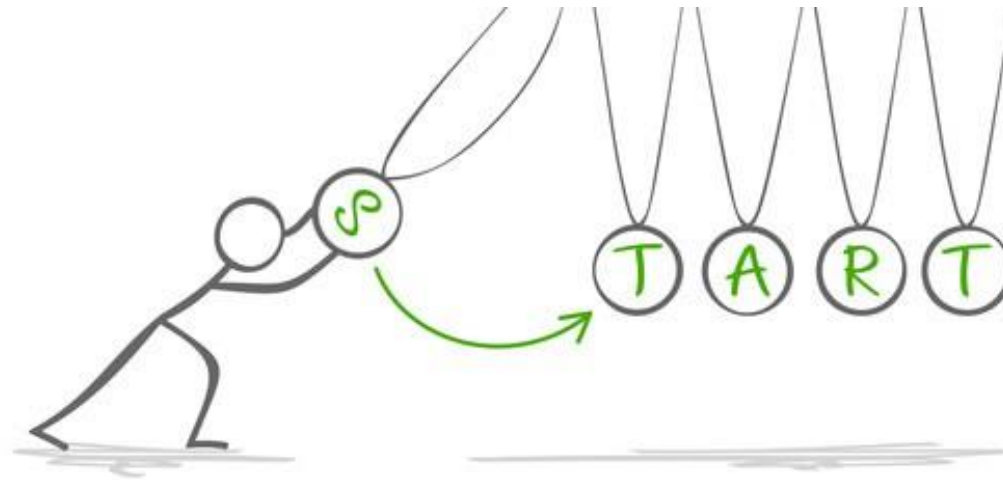
Terms- Pool vs Sample

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



Verification Process

October 1





Pre-Verification Procedures

- Use of the Electronic Direct Certification system is **required**
- On **October 1**, prior to completing **application count**, Local Education Agencies (LEAs) must attempt to directly certify as many students as possible.
 - Annual File
 - Monthly File
 - Single Child Match
 - File Upload Match



What is Categorically Eligible?

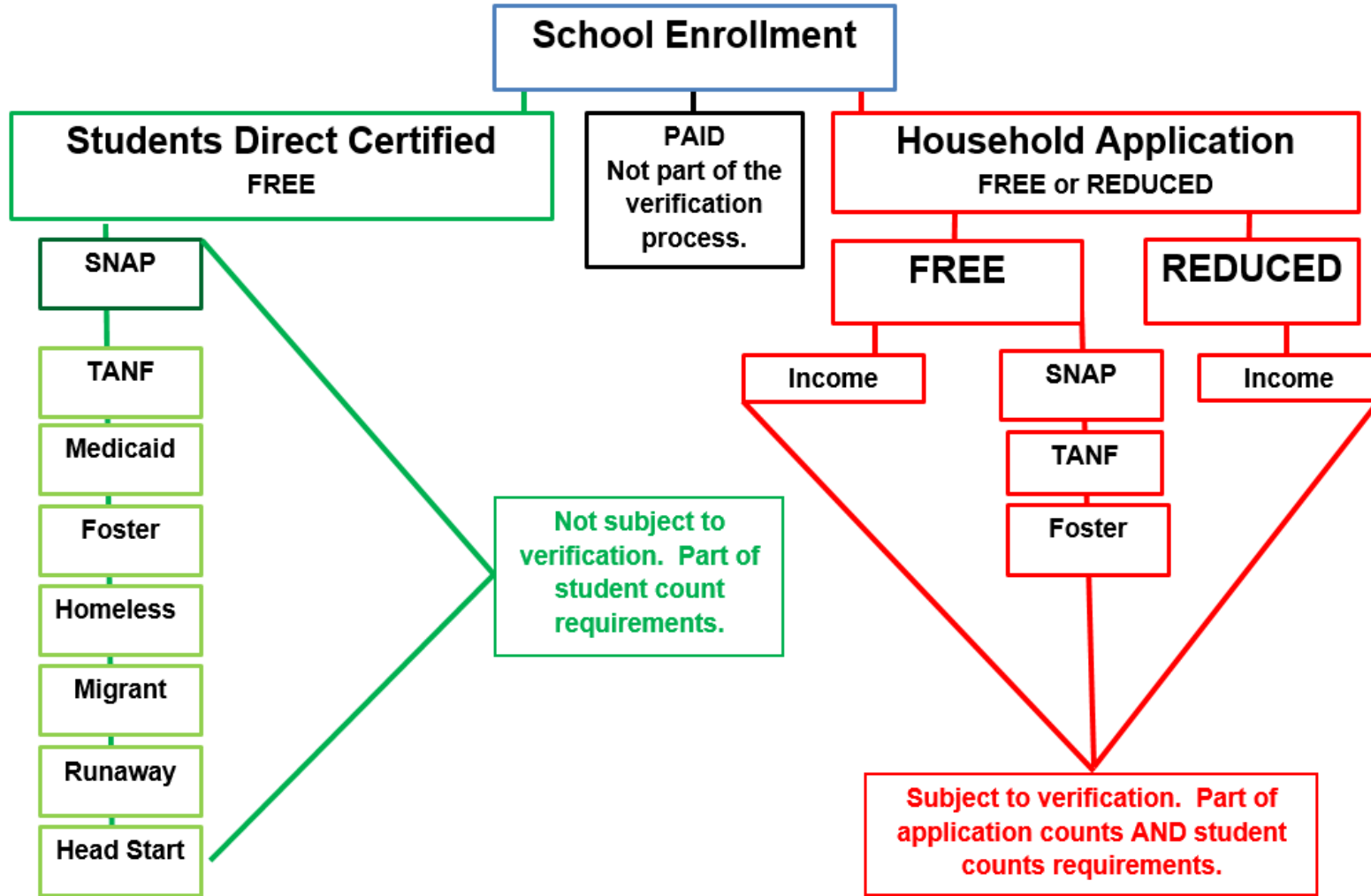
Students **Directly Certified** as:

- SNAP or extension of benefits
- TANF or extension of benefits
- Medicaid or extension of benefits
- Homeless
- Foster

Students **documented** as:

- Head Start
- Homeless
- Migrant
- Runaway

Categorically Eligible do not require verification





Verification Process

October 1st – December 15th

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)



Step 1 – Application Count

October 1

Or first working day in October

- Step 1 – [Application Count, \(PAPER\)](#)
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)



Step 1 – Application Count

October 1

Or first working day in October

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.



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.

Error-prone applications are the first priority, but SNAP/TANF and Foster Child applications 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 Income Applications

- This box should be marked as applications are processed, not at the time of verification.

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

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

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY (Circle in Blue)										Foster Child*		
			1	2	3	4	5	6	7	8	9	10			
															<input type="checkbox"/>
															<input type="checkbox"/>
															<input type="checkbox"/>
															<input type="checkbox"/>
															<input type="checkbox"/>
															<input type="checkbox"/>

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

SCHOOL USE ONLY

Check if Error Prone Application



Step 2 – Confirmation Review

- Step 1 – Application Count
- **Step 2 – Conduct Confirmation Review**
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)



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 AND WELLNESS PROGRAMS DIVISION

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

Direct Verification (DV) completed _____ (Date). (The DV report MUST be printed on.)

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 _____



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 AND WELLNESS PROGRAMS DIVISION

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 _____



Step 3 – Complete Verification

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- **Step 3 – Complete Verification**
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)



Step 3– Complete Verification

Sample collection- Application selection process

- Determine sample size (3%)
- Check error prone applications
- Select first from error prone applications,
 - When sample size is less than the number of error prone application, randomly select the sample
 - When the sample size is greater than the number of error prone applications, use all error prone applications and complete sample by randomly selecting from remaining applications on file.
- If there are no error prone applications, select sample at random from application pool



Step 3 – Complete 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



Step 3 – Complete Verification

- Applications that are not found in the direct verification file must now be followed up with the family.
- ISBE and USDA have sample letters to households
“We must verify your application”
- Family will submit documentation to support the application.



Illinois State Board of Education

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

We Must Verify Your Application

Date: _____

Dear _____:

We are checking your Household Eligibility Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove the child(ren) is/are eligible.

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

Use reverse side if necessary

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

You must send the information we need, or contact _____ by _____ or your child(ren) will stop getting free or reduced-price meals. (Name) (Date)

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

- SNAP or TANF Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have received SNAP or TANF.
- Copy of the Illinois Department of Human Services medical card with appropriate SNAP or TANF case identification number.

2. If you do not get SNAP or TANF for your child(ren):

A. Write name of each adult household member below.

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

Use reverse side if necessary

B. Send this page along with papers that show the amount of money your household receives from each source of income.

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

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

(Adult Household Member Signature) (Date)

2) Or by calling _____ at _____ (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 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.

ISBE 68-10 MVAPP (10/17)

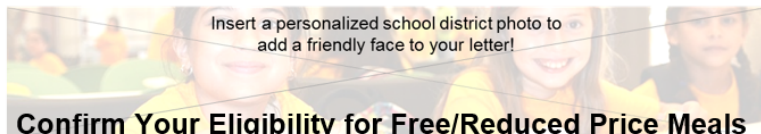
Print Reset Form



<< 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 FDPIR benefits, or documents that show your household income, for example, paycheck stubs, benefits statements, and/or copies of checks. The back side of this letter has more information about what to send and how you can send it.

For questions or help, please contact <<Name>> at the toll free number <<(xxx)-xxx-xxxx>> or by email at <<email>>.

Sincerely,

<<Signature>>

<<Name>>
<<Principal/Superintendent>>
<<School District Name>>

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section 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.

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<< School District Name and Logo >>

<<Household ID # _____>>

How to Show Eligibility for Free or Reduced Price Meals

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

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

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

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

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

- Your child is homeless, migrant or runaway:** Contact <<school, homeless liaison, or migrant coordinator at (xxx)-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.
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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.



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

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

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

CONTACT US REPORT FRAUD ASK THE EXPERT USDA.GOV

HOME DATA & RESEARCH GRANTS NEWSROOM OUR AGENCY PROGRAMS

Verification Toolkit

HOME

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



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.

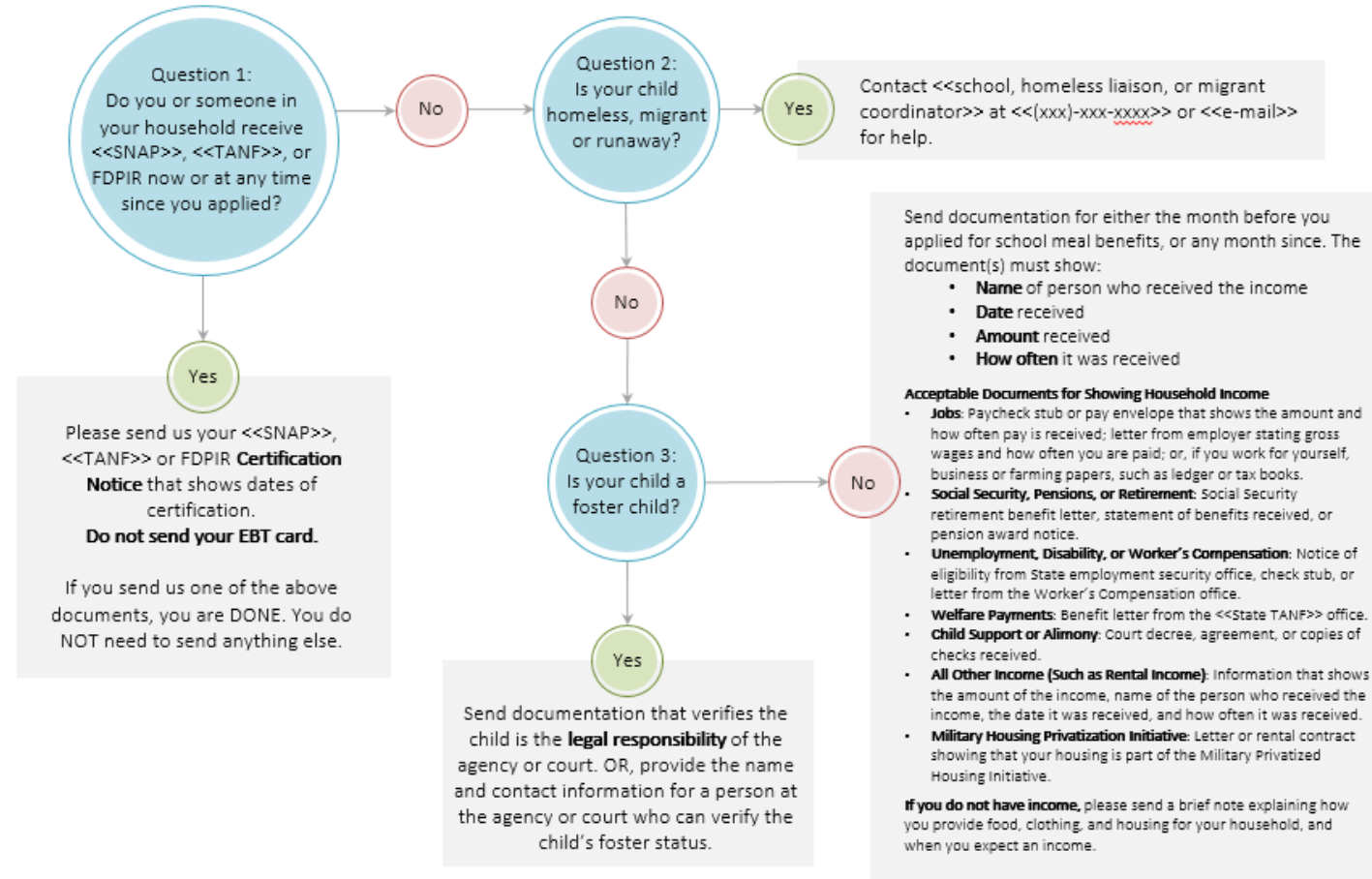
You may also fax your documents to <<(xxx) xxx-xxxx>>.

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 a: << address >>.

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





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



Step 3 – 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



Step 4 – Notify Household

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- **Step 4 – Notify Household of Results**
- Step 5 – Student Count
- Step 6 – Submit Verification Summary Report (VSR)



Step 4 – Notify Household

- **No change to the benefit level-**
 - Notify the household the results of verification do not change the original determination. Notification may be a letter, phone call, or email message. ISBE provides a sample letter to households which may be used for notification.
- **Benefits increase (reduced to free)-**
 - Notify the household and change the benefits of all children in the household no later than three operating days. ISBE provides a sample letter to households which may be used for notification.



Step 4 – Notify Household

- **Benefits decrease* (free to reduced)**
 - Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent. ISBE provides a sample letter to households which may be used for notification.
- **Termination of benefits* (free to paid, or reduced to paid)**
 - Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent. ISBE provides a sample letter to households which may be used for notification.

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



Illinois State Board of Education

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

We Have Verified Your Application

Date: _____

Dear: _____

We have checked the information you sent us to prove:

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

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.

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 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.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.

ISBE 68-09 HVAPP (10/17)



We Have Verified Your Application

Date: _____

Dear: _____

We have checked the information you sent us to prove:

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

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

- Your child(ren)'s eligibility has not changed.
- Starting _____, 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.



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 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:

Date

Name

Telephone W/Area Code

Address (Street, City, State, Zip Code)

Sincerely,



Verification Tracking



CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM

NUTRITION AND WELLNESS PROGRAMS DIVISION

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

Direct Verification (DV) completed _____ (Date). (The DV report MUST be printed on.)

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 (7/17)

Print Reset Form



Verification Tracking

- Direct Verification (DV) completed _____ (Date). (The DV report **MUST** be printed on.)
- 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 (7/17)

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



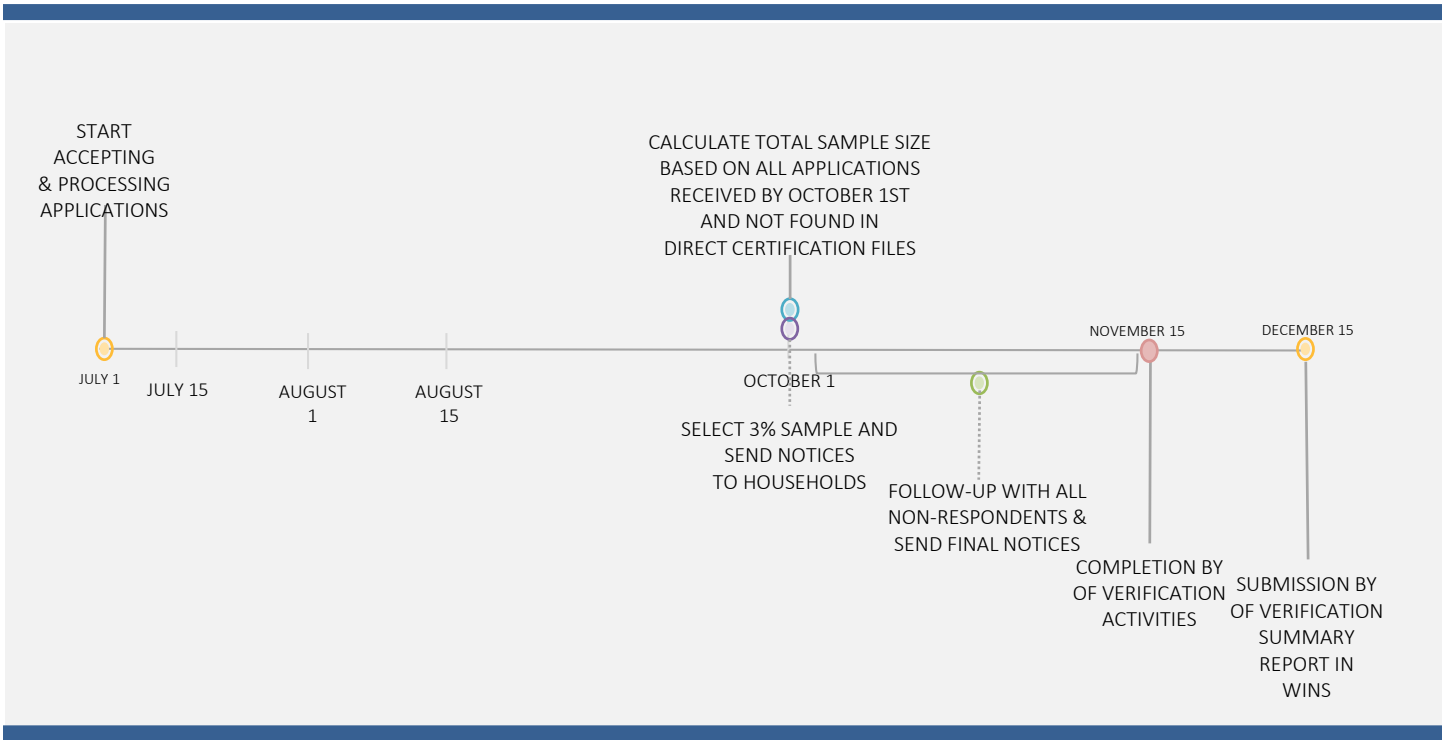
SAMPLE Timeline for Steps 1 through 4

- **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 Process

Timeline July 1st to December 15th



ILLINOIS STATE BOARD OF EDUCATION | NUTRITION DIVISION | SCHOOL YEAR 2018-2019



Step 5 – Student Count

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- **Step 5 – Student Count**
- Step 6 – Submit Verification Summary Report (VSR)



Verification Process

Last Operating Day of October

- Step 5 – Student Count, (PEOPLE)
 - ALL LEAs must do this
 - Calculate the total number of students receiving benefits due to household eligibility applications and extension of benefits based on application(s)
 - There may be more or less applications on file compared to the October 1st count



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,
 - Medicaid
- Does NOT apply to
 - Foster
 - Homeless
 - Runaway



Step 6 – Submit VSR

- Step 1 – Application Count
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household of Results
- Step 5 – Student Count
- **Step 6 – Submit Verification Summary Report (VSR)**



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 Batch Questionnaire Site Detail Batch Participation Site Detail + Add New Site x Deactivate/Re-activate Site(s) x Deactivate Sponsor 		<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- Step 1

Available October 1st

Illinois State Board of Education

Organization: Presidential CUSD 100 Type: Organization
 RCDT: 12-345-6789-10 Status: Not Set
 Program Year: 2020 Program: SNP

Verification Summary Report Step 1 Step 2 Step 3 Step 4 Step 5

Step #1: Application Test Count SY 2019 - 2020
 Verification Summary Report submitted on 12/13/2019 3:38:52 PM by test1234

Applications Approved for Free or Reduced Price Benefits

- 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?
- How many applications did the district have on file that were approved for FREE meal benefits based on meeting household size and income guidelines?
- 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?
- TOTAL of all applications **71**
- How many of the above applications are error prone income applications?

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

- Number of Applications to be Verified

Select "Yes" if any of the following are true:

- No applications were counted/collected and included on lines 1 through 3 above
- All Sites are only operating Special Milk Program;
- All sites are CEP or other provision;
- ALL sites are RCCIs with NO day students ;
- ALL sites had no FREE or REDUCED PRICE meal applications as of October 1st
- All sites were able to directly certify all students or document all students as homeless, migrant, runaway, foster or Head Start.

Yes
 NA

Next

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST, Monday - Friday or Click here to Contact Us
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Verification Summary Report- Step 2

Available November 1st

Illinois State Board of Education

Organization: Presidential CUSD 100 Type: Organization
 RCDT: 12-345-6789-10 Status: Not Set
 Program Year: 2020 Program: SNP

Verification Summary Report Step 1 **Step 2** Step 3 Step 4 Step 5

Step #2: Direct Certification – Student Counts by Site SY 2019 - 2020
 Application Counts Saved Successfully

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

Are ALL sites listed below exempt from performing direct certification due to ALL sites being enrolled in CEP or other Provision? Yes No

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

Site Name	How many students were electronically direct certified as receiving Supplemental Nutrition Assistance Program (SNAP)?	How many students were electronically direct certified as receiving Temporary Assistance for Needy Families (TANF), Medicaid or Foster, OR documented as being Homeless, Migrant, Runaway, Foster, Head Start?	How many students that were determined to be eligible for FREE meal benefits based on providing a SNAP benefits award letter or benefits statement from the SNAP agency?
Benjamin Harrison Elementary	54	30	0
John Tyler Elementary	69	41	0
Franklin Pierce Elementary	74	57	0
Chester A Arthur Intermediate School	74	52	0
Millard Fillmore Middle School	59	51	0
Total	330	231	0

Previous Next



Verification Summary Report- Step 3

Illinois State Board of Education

Organization: Presidential CUSD 100 Type: Organization
 RCDT: 12-345-6789-10 Status: Not Set
 Program Year: 2020 Program: SNP

Verification Summary Report
Step 1
Step 2
Step 3
Step 4
Step 5

Step #3: Standard VSR SY 2019 - 2020

Verification Summary Report submitted on 12/13/2019 3:38:52 PM by test1234

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

SECTION 1: Total Schools, Residential Child Care Institutions (RCCI's) AND Enrolled Students

All SFA's 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.	<input type="text" value="5"/>	<input type="text" value="3230"/>
2. RCCI sites ONLY Do not include school sites from Line 1.	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Of the Total RCCI sites listed on Line 2 above; How many have day students?	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Of the Total RCCI sites on Line 2 above; How many do not have any day students?	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Total Number of Enrolled Students on Line 1 and 2		3230

SECTION 2: Community Eligibility Provision (CEP)

Only SFA's Community Eligibility Provisions report in Section 2

	A. Number of Sites	B. Number of Enrolled Students
6. Operating Community Eligibility Provision	<input type="text" value="0"/>	<input type="text" value="0"/>



Verification Summary Report- Step 3 cont.

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 electronically direct certified as receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Only students receiving SNAP benefits can be reported in this box.	330
8. Students electronically direct certified as receiving: <ul style="list-style-type: none"> • Temporary Assistance for Needy Families (TANF) • Foster • Medicaid • Homeless Or those documented as being: <ul style="list-style-type: none"> • Homeless, Migrant, Runaway • Head Start 	231
9. Students certified to be FREE eligible based on providing SNAP award letter or benefit documentation from authorized SNAP agency.	0
10. Total number of STUDENTS directly certified.	561

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

All SFA's that collected applications must Report Section 4	A. Number of Applications <i>(Count taken on October 1)</i>	B. Number of Students <i>(Count taken on last operating day in October)</i>
11. Approved as FREE eligible through use of a SNAP or TANF ID number being provided, and Foster child applications NOT electronically direct certified students.	7	<input type="text" value="9"/>
12. Approved as FREE eligible based on household size and income information being provided.	22	<input type="text" value="49"/>
13. Approved as REDUCED PRICE eligible based on household size and income information being provided.	42	<input type="text" value="73"/>
14. Total Number of Applications	71	
15. Total Number of Students		131

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.	692
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Verification Summary Report- Step 4

Illinois State Board of Education

Organization: Presidential CUSD 100 Type: Organization
 RCDT: 12-345-6789-10 Status: Not Set
 Program Year: 2020 Program: SNP

Verification Summary Report Step 1 Step 2 Step 3 **Step 4** Step 5

Step #4: Verification Results SY 2019 - 2020
 Application Counts Saved Successfully

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 Auto-filled from counts provided in Section 2

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.

2. Total number of applications that were required to be verified as part of the 3% sample size.

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?

4. Total number of applications from lines 2 and 3, verified on or before November 15.

B. Number of Students
 Yes, completed by November 15
 Yes, but completed after November 15
 No, verification was NOT performed, OR, the process was not completed

3

3

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

A. Number of Applications **B. Number of Students**

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

6 How many of the applications from line 4 were able to be directly verified?

7. The total number of applications to be verified from line 4 is **"3"**. Of those, **"0"** were reported on line 6 as being directly verified.

8 The remaining applications unable to be directly verified that are to be reported below on lines 9 through 12 is:
3



Verification Summary Report- Step 4 cont.

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.

i 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
i 9. Responded to Change No Change	Number of Applications	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>
	Number of Students	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>
i 10. Responded Changed to Free	Number of Applications			<input type="text" value="0"/>
	Number of Students			<input type="text" value="0"/>
i 11. Responded Changed to Reduced Price	Number of Applications	<input type="text" value="0"/>	<input type="text" value="1"/>	
	Number of Students	<input type="text" value="0"/>	<input type="text" value="2"/>	
i 12. Responded Changed to Paid	Number of Applications	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Number of Students	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
i 13. Did not Respond Changed to Paid	Number of Applications	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Number of Students	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST, Monday - Friday or Click here to Contact Us
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Verification Summary Report- Step 5



Illinois State Board of Education

Organization:	Presidential CUSD 100	Type:	Organization
RCDT:	12-345-6789-10	Status:	Not Set
Program Year:	2020	Program:	SNP



Verification Summary Report

Step 1

Step 2

Step 3

Step 4

Step 5

Step #5: Submit Application SY 2019 - 2020

Application Counts Saved Successfully

VSR Submitted Successfully on 12/13/2019 3:38:52 PM by test1234

Once the online Verification Summary Report is submitted, no further changes can be made. If changes need to be made after submission, please email the necessary changes to cnp@isbe.net.



Contact Information

Illinois State Board of Education

Nutrition Division

800.545.7892 or 217.782.2491

cnp@isbe.net