

Illinois State Board of Education

# School Year 2023-2024 Verification Process and Verification Summary Report

Equity • Quality • Collaboration • Community



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



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





Who is NOT required to conduct Verification? School Year 2023-2024

**<u>Community Eligibility Provision</u> (CEP) districtwide** 

No household applications =

- No Verification
- No Verification Summary Report

**Residential Child Care Institute (RCCI)** 

Children who reside in RCCI



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

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



### **Terms- Verification**

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

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



## **Terms- Verification for Cause**

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



### Terms- Pool vs Sample



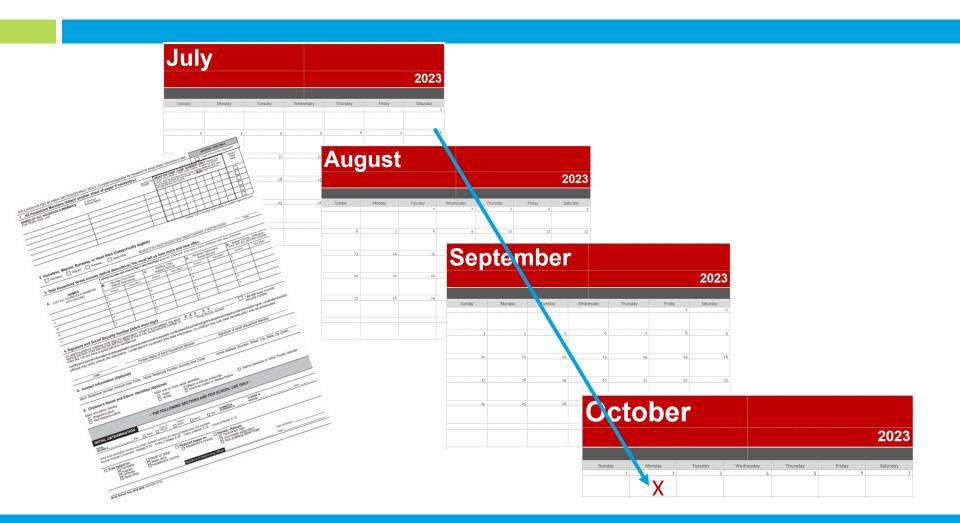
 Pool = total number of applications that are approved for meal benefits and not found in direct certification files.



 Sample = calculate 3% of the pool and randomly select applications.



## Household Eligibility Applications





### October 1<sup>st</sup> Data Collection



#### **Snapshot of Benefits**

Use the individual student data on October 1\*

to process step 1 verification

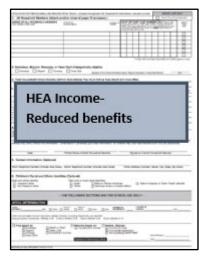
- Direct Certification Status
- Application Status

\*Use data as of October 1, 2023, collected on October 2<sup>nd</sup> or after is allowed



# Approved Household Eligibility Applications (HEA)

and the Property system	Silika Series (Seconda)	WARDSHIT W
	ncome- enefits	
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	102 - 125 102 - 125		en forter lænd tig bler de toer I ster roman i for fasti skole

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



### **Use Direct Certification System-**

Illinois State Board of Education
Home
Direct Certification
SNAP/TANF/Free Medicaid
Reduced Medicaid
File Upload Match
Single Child Match
Contact Us
Change RCDT

#### July 1, 2023 Annual File **Free benefits Reduced Benefits**



#### Home

**Direct Certification** 

SNAP/TANF/Free Medicaid

Reduced Medicaid

File Upload Match

**Single Child Match** 

Contact Us

Change RCDT



### **Use Direct Certification System-**

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Change RCDT

July 1, 2023, Annual File Free benefits Reduced Benefits

August 1, 2023, to June 20, 2024 Monthly reports provide any additional students added since the annual file. Free benefits Reduced Benefits



#### Home

Direct Certification

SNAP/TANF/Free Medicaid

Reduced Medicaid

File Upload Match Single Child Match

Contact Us

Change RCDT



# Use Direct Certification System-Free Benefits

#### **Before counting applications:**

- Check the direct certification system for the July-October reports.
- Remove any applications from the pool for students found free on direct certification files and those with extension of free benefits.



# Use Direct Certification System-REDUCED Medicaid Benefits

#### **Before counting applications:**

- Check direct certification for any income applications approved for reduced benefits. Remove the application from the pool for students found **REDUCED Medicaid** on direct certification files and those with extension of **REDUCED Medicaid** benefits.
- If found directly certified as free, change student benefit level to free.



# Use Direct Certification System-REDUCED Medicaid Benefits

#### EXACT Matches:

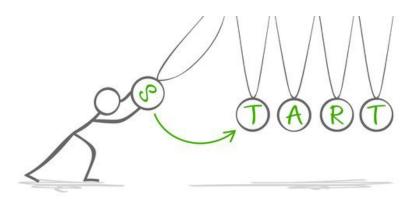
First Name Las	t Name Birth D	ate Sex	Assistance Source	Agency Identifier	Street Address	City	State	Zip
Student Name	00/00/00	M/F <	Reduced Medicaid	>		CHICAGO	IL	606440 000

Total Number of EXACT Matches: 1



#### **Verification Process**

#### October 1 (October 2, 2023)





# **Term-Categorically Eligible**

#### **Students Directly Certified**

#### **Students documented as:**

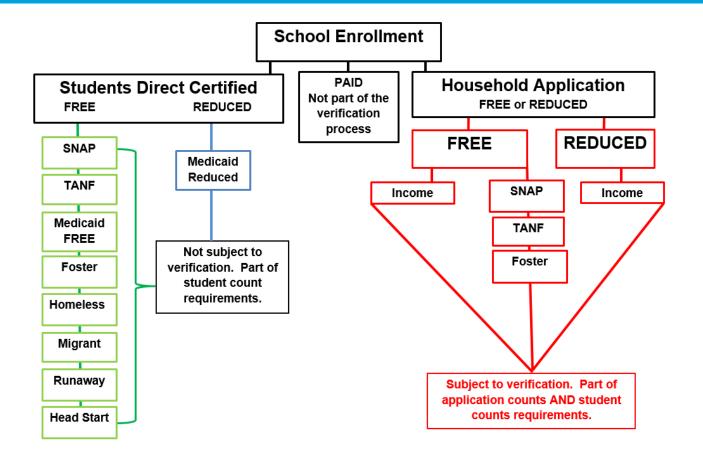
- SNAP and extension of SNAP benefits
- TANF and extension of TANF benefits
- FREE Medicaid and extension of Free Medicaid benefits
- Homeless
- Foster
- REDUCED Medicaid and extension of Reduced Medicaid benefits

- Head Start
- Homeless
- Foster
- Migrant
- Runaway

Categorically eligible do not require verification



## **Directly Certified vs Household Application**





### **Extension of Benefits**

#### Household Eligibility Application(s)

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



### **Extension of Benefits**

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

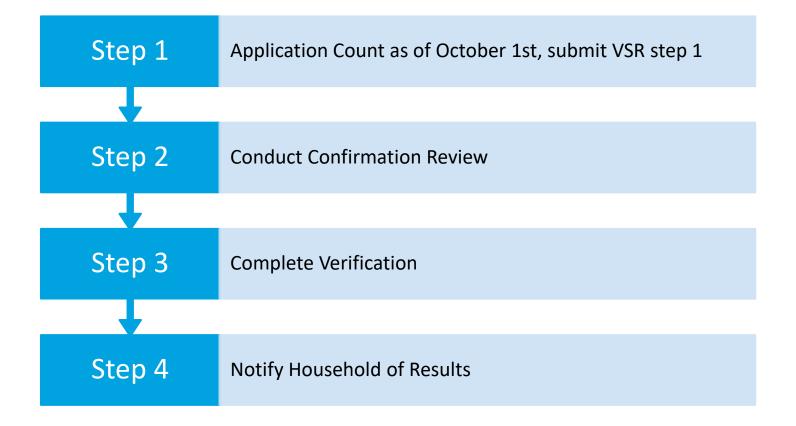


### **Extension of Benefits**

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



### **Verification Process**





### **Verification Process**

# Step 1Application Count as of October 1st,<br/>submit VSR step 1



### Step 1 – Application Count

### As of October 1 (October 2, 2023) Step 1 – Application Count, (PAPER)

– Establish **Pool**= total number of applications that are approved for meal benefits and not found in direct certification files.

 Select Sample= calculate 3% of pool and randomly select applications.



### **Optional- Data Collection Form**

#### Verification Summary Report Data Collection Form: Step 1

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

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

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

#### Step 1: Application Count

Question 1:	
How many applications were approved based on one of the following in Sections 1 or 2 of Hi	A:
Applications that household(s) provided a SNAP or TANF case number	application(s)
Application(s) for approved for foster child	application(s)
Total applications	application(s)
Enter application to	otal on Step 1, Question 1
Question 2: Applications approved for FREE meal benefits based on income data (Section 3)	application(s)
	otal on Step 1, Question 2
Question 3: Applications approved for REDUCED meal benefits based on income data (Section 3)	application(s)
Question 4: will auto calculate total number of applications listed on Questions 1-3	
Question 5: Enter the number of error prone applications received	application(s)

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



### Verification Summary Report-VSR

Spon	sor Tasks	Sponsor Applications & Participation	Site Applications	Claims	& Monitoring	Sponsor Info	
			Administ	rative	Tasks		
		Sponsor Tasks				Site Application Tasks	
x	Batch Daily	/ Meal Counts		8	Enroll Site In N	New Program	
x	Batch Parti	icipation Detail		Ø	Edit Site Ques	tionnaire	
x	Add/Remo	ve Detail Dates		Ø	Edit Program F	Participation	
x	Batch Site	Questionnaire		Ø	Edit Participat	tion Detail	
x		Participation					
+	Add New S						
×		Re-activate Site(s)					
×	Deactivate	•					
<b>A</b>		ation Responses					
Z		ain Assistance (SCA)					
١	Waivers						
		Reports				Budget	
	Waiver Sub			NOV	WINS Budgets re	equirea.	
		is Not Received					
	Direct Cert	ication Summary Report					
ß	Deleted Sit						
×							
<ul> <li>Claim Data Report</li> <li>Summary Reports - Applications Submitted for Sponsor</li> </ul>							
Summary Reports - Applications Submitted for Sites							
	-	Reports - List of Sites and Applications Subi	mitted				



### **Verification Summary Report**

#### Verification Summary Report Data Collection Form: Step 1

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

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#### Step 1: Application Count

#### Question 1: How many applications were approved based on one of the following in Sections 1 or 2 of HEA: Applications that household(s) provided a SNAP or TANF case number application(s) Application(s) for approved for foster child application(s) Total applications application(s) Enter application total on Step 1, Question 1 Question 2: Applications approved for FREE meal benefits based on income data (Section 3) application(s) Enter application total on Step 1, Question 2 Question 3: Applications approved for REDUCED meal benefits based on income data (Section 3) application(s) Question 4: Will auto calculate total number of applications listed on Questions 1-3 Question 5: Enter the number of error prone applications received application(s)



### VSR- Step 1

#### **Verification Summary Report**



#### Step 1: Application Test Count SY 2019-2020

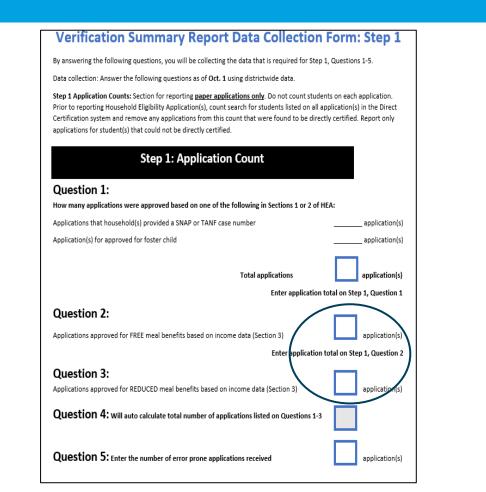
#### Applications Approved for Free or Reduced Price Benefits

- 1 How many applications did the district have on file that were approved for FREE meal benefits based on providing a valid SNAP or TANF ID number; OR due to the foster Application(s) 12 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? 2 24 Application(s) 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? 3 15 Application(s) 4 TOTAL of all above applications 51 Application(s) 5 How many of the above applications are error prone income applications? 2 Application(s) **Overification Sample Size** (3% of Total Applications from Line 4)
  - 6 Number of Applications to be verified





### **Verification Summary Report**





### VSR- Step 1

#### **Verification Summary Report**



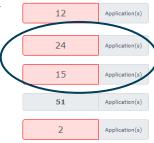
#### Step 1: Application Test Count SY 2019-2020

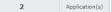
#### Applications Approved for Free or Reduced Price Benefits

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

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

6 Number of Applications to be verified







### Focus of Verification: Error-Prone

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

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



### **Error-Prone Guidelines**

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



### **Error-Prone Guidelines**

APPLICATION FOR FREE MILK/MEAL AND REDL					ool District. Instructio		SCHOOL U		1												
1. All Household Members (Attac NAMES OF ALL HOUSEHOLD MEMBERS			if necessary.	, 	NAP OR TANF		Check if Error I	_													
First, Middle Initial, Last	(to Suderline) School Na	ime					r. At least one SNAP/ rive Medicaid and wer UST apply based on	Check If Foster Child*													
					*A fost	ler child is the legal r	responsibility of a well	ire agency or court.													
2. Homeless, Migrant, Runaway, or Homeless Migrant Rur				School Homeless Lie	aison, Migrant Coord	linator, or Head Star	rt Director	Date													
3. Total Household Gross Income																					
NAMES			T WAS RECEIVED (F																		
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	<li>B. Earnings F (Before De</li>	eductions)	Support,	e, Child Alimony	Social	Retirement, Security	ment, SSI, etc.	mp., Unemploy- All other income)													
	Amount S	How often?	Amount	How often?	Amount	How often?	Amount	How often?													
	\$		s		s		s														
II.	\$		\$		\$		s														
iv.	s		s		s		s														
ν.	\$		\$		\$		s														
4. Signature and Social Security N	umber (Adul	lt must sign)																			
An adult household member must sign the signing the form must also list the last fou mark the I do not have a social security n			leted, the adult urity number or	X X X .	X X - al Security Numbe	er [	I do not have security numb	a social er.													
Icertify (promise) all information on this applic officials may verify (check) the information	ation is true and a	all income is repo	nted. Lunderstand	d the school will g	et Federal fundsi	based on the info eal benefits and	ormation I give. I ur d I may be prose	derstand school cuted.									<b>L</b>				
Date	Printed	Name of Adult i	Household Mem	nber	Signature	e of Adult Hous	ehold Member														
5. Contact Information (Optional)				APPLIC	ATION F	OR FRE	E MILK/N	EAL AN	REDUCED	D-PRICE MEALS-Comple	te One Application Per Ho	usehold Per S	chool D	istrict. Inst	ructions	on back		S	сноо	L USE (	ONLY
Work Telephone Number (Include Area C	ode) Home Te	elephone Numb	ber (Include A -																ook if Er	mar Dram	e Application
6. Children's Racial and Ethnic Ide	entities (Opti	ional)	_	1. AI	II Hous	seholo	d Mem	bers (	Attach ar	nother sheet of pa	per if necessary.)								ECK IT EI	for Prone	Application
Mark one ethnic identity:	Mar	k one or more r	acial identitie	NAME	S OF A	LL HOU	JSEHOL	D MEN	BERS	(for Student only)		(for Student only)	SNA	P OR TA	NF CA	SE NUI		ONLY	Skin to	Part	Check if
Hispanic/Latino		Asian White	Black or America	First, M	liddle Init	tial, Las	t			School Name		Grade	4 if you list a SNAP or TANF case n TANF must be provided below. If you				n				
	- THE FOL	LOWING SE	CTIONS AF										not dir	ectly certified hold size a	ed for fre	e meals,	you MUS	T apply	y based	on	Child*
INITIAL DETERMINATION			-													-					
TOTAL INCOME \$ Per: Week	Every 2 Weeks	Twice a Month	Month																		
LEAs must annualize income only when multipl Annual Income Conversion Weekly X 52	le incomes, at var Every 2 Weeks 3	rying frequencies, X 26 Twice a M	are reported. Nonth X 24 On	ice a Month X 12	2					l .		1									
Free based on:  homeless  migrant foster house	or TANF	Reduced base household		enied—Reaso income too h incomplete a Non-qualifyin	high																
Head Start		Signature of Del	termining Official			Date W	Withdrawn:														
68-03 School Year 2018-2019 NSSTAP (7/18)		any name of De	Conciar																		



### **Verification Summary Report**

#### **Verification Summary Report**

**Available October 1st** 



#### Step 1: Application Test Count SY 2019-2020

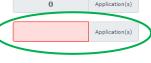
#### Applications Approved for Free or Reduced Price Benefits

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

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

6 Number of Applications to be verified

Application(s) Application(s)	Application(s)
Application(s)	Application(s)
Application(s)	
	Application(s)





\_v\_



### VSR- Step 1

#### **Verification Summary Report**

#### 1 2 3 4 5

#### Step 1: Application Test Count SY 2019-2020

#### Applications Approved for Free or Reduced Price Benefits

- 1 How many applications did the district have on file that were approved for FREE meal benefits based on providing a valid SNAP or TANF ID number; OR due to the foster child box being checked on the application?
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#### Verification Sample Size (3% of Total Applications from Line 4)

6 Number of Applications to be verified

12	Application(s)
24	Application(s)
15	Application(s)
51	Application(s)
2	Application(s)





## **Verification Sample**

#### **Sample collection-** Determine sample size (3%)

- Verification Summary Report in WINS calculates 3%
   Or
- Calculate 3% of applications (always round up) Applications x .03= Sample size Example: 112 applications x.03= 3.36
  - 3.36 rounds up to 4 applications to verify



## **Verification Sample Collection**

#### **Error Prone Applications**

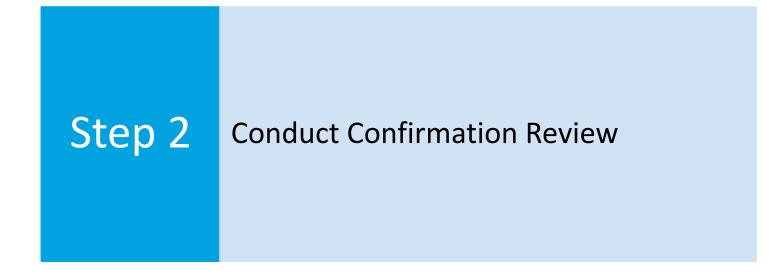
- When sample is less than the number of error prone applications, randomly select from error prone applications
- If a sample size is greater than the number of error prone applications, use all error prone applications and randomly select remaining from remaining applications in pool.

#### **No Error Prone Applications**

If there are no error prone applications, select the sample at random from the application pool.



#### **Verification Process**





#### Step 2 – Confirmation Review

	NUTRITION DEPARTMENT	
Direct Verification Tracking (For use prior to con	firmation and only for applications selected for ve	rification.)
Direct Verification (DV) completed Verification of this application is complete	(Date). (The DV report MUST be prin and should be reported on the Verification Summ	ted and maintained. ary Report.
Confirmation Review (Prior to verification and o	nly for applications selected for verification.)	
Date of Confirmation Review		
<ul> <li>Initial determination was correct, continue</li> </ul>	ed with verification process.	
<ul> <li>Initial determination was incorrect, status correct benefit level.</li> </ul>	MAY need to be changed from FREE to REDUCED	PRICE, continued with verification to determine
<ul> <li>Initial determination was incorrect, status</li> </ul>	needed to be changed from REDUCED-PRICE to F	REE.
<ul> <li>Change of benefit level occurred/will</li> </ul>	l occur on (Date). (Change m	ust be within 3 days of confirmation review.)
<ul> <li>Initial determination was incorrect, status notice of change.</li> </ul>	needed to be changed from FREE or REDUCED-PR	ICE to PAID. Households must be given a 10 day
<ul> <li>Change of benefit level occurred/will</li> </ul>	l occur on (Date).	
Signature of Confirming Official		Date
Verification Tracking		
	natch. Verification letter (First Request) was sent	(Data)
	(Recommend 10 calendar days from th	
	t. Second notice completed	
	(Recommend 3 business days from the	
Household did not respond completely, O	R household did not respond at all by deadline of	second notice.
Initial determination was:	Verification resulted in:	Reason for change:
FREE based on SNAP/TANF case number	No Change	Income: S
FREE based on Income and Household Size	FREE to REDUCED-PRICE	Household Size:
REDUCED-PRICE based on Income and	FREE to PAID	Directly verified
Household Size	REDUCED-PRICE to FREE	Incomplete or no response
1	REDUCED-PRICE to PAID	Other:
	us change was made.	
Date verification result was sent or notice of stat		-
Date verification result was sent or notice of stat		
Type of notice sent		
	t 🔲 Telephone	



## **Direct Verification**

- All applications selected for verification should be attempted to be verified using the Direct Verification link on the Direct Certification system, available after October 1<sup>st</sup> 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

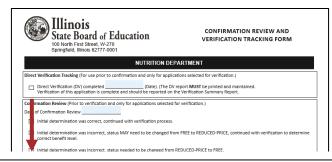


#### **Direct Verification**

Home	User Id: RCDT:			
Direct Certification				
SNAP/TANF/MEDICAID	Direct Verification			
Homeless/Migrant/Headstart				
File Upload Match	The <i>Electronic Direct Certification System</i> 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			
Single Child Match	Eligibility Applications selected for verification as part of the October I sample. Because completed household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household			
Direct Verification	Eligibility Applications upon receipt from the family.			
CEP Validation File Match	If at least one of the students listed on the Household Eligibility Application are matched through the Direct Verification			
Contact Us	link, then the application is considered to be verified and no further contact with the household is needed. Print and			
Change RCDT	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			
	Type of Search			
	Name and Address			
	Search Criteria			
	Application Date *			
	Application Date * IIII mm/dd/yyyy			
	First Name *			
	rist Name			
	Uny			
	* required field			
	Search			

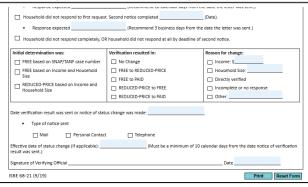


## **Direct Verification Tracking**



Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)

Direct Verification (DV) completed \_\_\_\_\_(Date). The DV report MUST be printed and maintained.
 Verification of this application is complete and should be reported on the Verification Summary Report.





#### **Confirmation Review Tracking**

With the state Board of Education 100 Noth First Street, W-270 Springfield, linko S 2777-001	
NUTRITION DEPARTMENT  Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)  Direct Verification (DV) completed (Date). (The DV report MUST be printed and maintained. Verification of this application is complete and should be reported on the Verification Jummary Report.  Confirmation Review (Prior to verification and only for applications selected for verification.)  Date of Commun. Strokey  Initial determination was consect. Status MAY need to be some free to REDUCED-PRICE, continued with verification to determine correct benefit verification was incorrect, status MAY need to be some free to REDUCED-PRICE, continued with verification to determine	
Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to REE. Change of benefit level occurred/will occur on (Date), (Change must be within 3 days of confirmation re) Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to REE.	
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	Confirmation Review (Prior to verification and only for applications selected for verification.)
Verification Tracking       [DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent       [(Date).         • Response expected       [Recommend 10 calendar days from the date the letter was sent.]         • Household did not respond to first request. Second notice completed       [(Date).         • Response expected       [Recommend 10 calendar days from the date the letter was sent.]         • Nousehold did not respond to first request. Second notice completed       [(Date).         • Nesponse expected       [Recommend 3 builness days from the date the letter was sent.]         • Nousehold did not respond completely. OR household did not respond at all by deadline of scond notice.         Initial determination was:       Verification resulted in:   REE to REDUCED-PRICE         household Size:   Incomplete or no response         • REE DUCED-PRICE based on income and Household Size       REEDUCED-PRICE to PRID       Other:         • Date verification result was sent or notice of status change was made:   Nome on tock sent       REDUCED-PRICE to PRID       Other:         • 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 verificatio         Egnature of Verifying Official       Date       Date       Pare	<ul> <li>Date of Confirmation Review:</li></ul>
158E 68-21 (9/19)	Signature of Confirming Official Date



#### **Verification Process**

# Step 3 Complete Verification



# Verification for: Every type of application

- Do a single child lookup in the direct certification and direct verification system(s) to confirm they are not already directly certified or directly verified.
- 2. If a student or any member of the household is found in direct certification or direct verification system, make and maintain a copy of the report for your records. The verification process for this application is complete and the household does not need to be contacted.
- 3. If a student nor any household member is found in direct certification nor direct verification systems proceed with verification by contacting the household.



# Verification for: Income application

- 1. Request income documentation to support the original application or from anytime until the time of the verification request.
- 2. Review documents received, calculate household income and either confirm the current status or make necessary changes to the benefits based on findings.
- 3. Notify the household of the results of the verification process.
- 4. If no response, make a second request for documents. If there still no response from the household, begin termination process.
- 5. Report on the Verification Summary Report the finding.



# Verification for: SNAP/TANF application

- If a student nor any member is found in direct certification nor direct verification systems, proceed with verification by contacting the household requesting documentation of a household member as a recipient of SNAP or TANF benefit.
- 2. When a household submits supporting documentation from the **IL Department of Human Services (IDHS)**, which support the information provided on the HEA, verification process is complete.
- 3. If no documentation or invalid documentation is submitted, begin the termination process changing the student(s) from free to paid.
- 4. Report approval or termination of benefits on the VSR.



## Verification for: Foster application

- If student nor any member of the household is found in direct certification or direct verification systems, contact the household to request documentation of foster status.
- 2. When household submits supporting documentation from **IL Department** of Children and Family Services (DCFS), the verification process is complete.
- 3. Report approval of benefits on the VSR.



## Verification for: Foster application cont.

- 4. If no documentation is submitted, you may contact DCFS office in your area to inquire about a student's foster status.
- 5. If no documentation may be obtained, you should begin the termination of benefits process.
- 6. Report termination of benefits on the VSR.



## **Verification Process**

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

"We must verify your application"



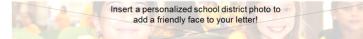
#### Follow-up Letter to Households

your "Mouse" or "Tab" hery 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
New
We are checking your Household Eligibility Application. Federal rules require that we do this to make sure only eligible children get files or reduced-price meats. You must send us information to prove the children is liver eligible.
CHILD NAME (First and Last)
Use reverse side if nacessary
If possible, and copies, not original papers. If you do end originals, they will be sent back to you only if you ask.
You must send the information we need, or contact by oryour oryour children will stoped price mode price must be contacted and the contact of
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:
SHAP or TAN' Creditation Note: Brat shows date of enrification.     Letter from SNAP or Vellera Note: Brat shows earlier of enrification.
<ul> <li>Copy of the Illinois Department of Human Services medical card with appropriate SNAP or TANF case identification number.</li> </ul>
2. If you do not get SMAP or TANF for your children): A. Write man of each adult household member below.
A white mining water sources water sources to be a source of the source
Use reverse side Enecessary
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 achool.
(Adult Household Member Signature) (Date)
2) Or by calling at
Households had doose not to comply OR hill to comply with vertication request will be changed to paid status. The papers you see and of the seriors with set of information to:
received the income, the data it was received, how much was received, and how data it was received.
Acceptable agences include:
Jobs: Psycheck tub or pay environe that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business of faming agains; such as before in the 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 stule, or letter from Worker's Compensation. Weater Payments: Element letter from weater agency.
Child Support or Allinony: Court decree, appearent or, coopies of checks received. Other tructions (used as retrait aliconary): Information that aliconary received, how often it is 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 time in or adjustication you to lime of verification.
If you have questions or need help, please cal at The call is free.
(Name) (Telephone Number)
The Bit Board III (Buard III) (Buard III) (All requests the information requested in order to welly your children angletily for test or reluced prior methods or power in the second test information or power in the second test information and power information and
or relation for prior cold rights skinly in any program on achiety conducted or funded by USDA. Persons with disabilities with require attentive menses of communication for program information (e.g. Braine, Inary End, and
SW, Washington, D. C. 20250-9410; (2) fac: (202) 690-7442; or (3) email: program inteke@uada.gov. This institution is an equal opportunity provider.
ISBE 66-10 MVAPP (10/17) Print Reset Form



<< School District Name and Logo>>

<<Household ID #\_\_\_\_>>

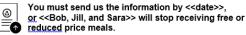


#### Confirm Your Eligibility for Free/Reduced Price Meals

Dear <<Susan>>,

Your application was approved a little while ago, and <<Bob, Jill, and Sara>> should already be receiving free or reduced price meals.

However, there is one last step you need to take – please send us documents to confirm your eligibility. Each year we select different meal applications to confirm eligibility. This year, your household was selected.



You can send a Certification Notice for <<SNAP>>, <<TANF>>, or 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 <<(xox)-xox-xox>> 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 of 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 relatiation 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. Braile, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deat, hard of hearing or have speech disabilities in any contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in language 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) 980-7442; or (3) email: <u>program.intake@usda.gov</u>.

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

Household ID #



<<Household ID # >>

1

#### **Confirm Your Eligibility for Free/Reduced Price Meals**

Dear <<Susan>>,

Your application was approved a little while ago, and your <u>child(ren</u>) (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->> 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 of 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 realiation 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. Braile, 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 language 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 Ciwil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9411; (2) fax: (202) 590-7442; or (3) email: program.intakæ@usda.gov.

This institution is an equal opportunity provider.

<< School District Name and Logo>>

#### 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.
- Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military
  Privatized Housing Initiative.

If you do not have income, please send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

If you work on a seasonal basis, call us and we will help you figure out what to send.

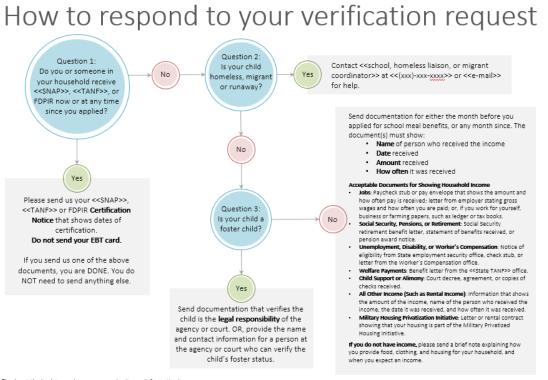
#### Send this information using any of the following methods:

- Take pictures of the requested documents with your phone/camera and email them to <<e-mail>>. Be sure to include a photo of this letter, OR the name(s) of the your <u>child(ren</u>) 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 <<u><(xxx)xxx-xxxx</u>>>.
- Come in person to the office located at <<address>> to drop off the documents. Bring this letter with you.



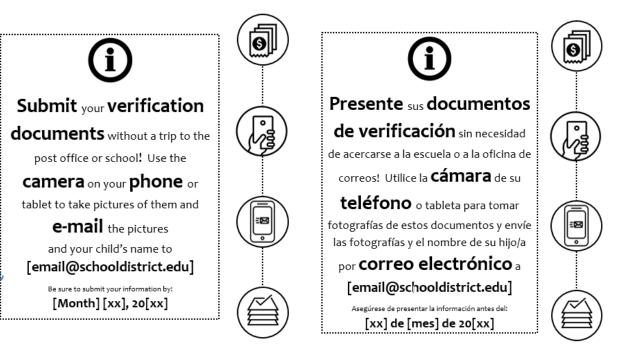






Check out the back to see how you can submit your information!





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>>. También puede enviar su información por correo o presentarla en persona en la escuela de su hijo/a. Si decide enviar sus documentos por correo, envíelos al <<address>>.

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



#### 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) All Other Income
- 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

- + 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



USDA Food and Nutrition Service	CONTACT US REPORT FRAUD ASK THE EXPERT USDA GOV
HOME DATA & RESEARCH GRANTS	NENSROOM OURIAGENCY PROGRAMS Q
Verification Toolki	it
HOME	
Resource Type Toolkits	School Food Authorities (SFAs) participating in the <u>Hasional School Lunch Program</u> and <u>School Breakfast Program</u> are required to verify income for a small percentigate of households approved for free or reduced price meals each school yeer. Verify encourse, getting households to respond to verification requests can be callenging for STA staff. If
	households do not respond, they lose their benefits regardless of their setual 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 PNS but feature input from state and local officials from around the country. They were informed by two years of formal studies conducted by PNS and the Office of
	Evaluation Science's Social & Behavioral Sciences Faam, as well as through a public contest and from informal conversations with program operators.
	Not resources in the toolk: (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 flor more information, see policy memo 5P43-2017). To
	<u>A counter to conducting vernication sector Uctober int</u> for more information, see policy memo <u>SP422011</u> ). To     customize a verification timeline for yourself, <u>use this file as a starting point</u> .
	Bedesipped Verification Notification Littler (inch text, with images)
	Badasipsad Verification Netification (etatr (plain test, without images)
	Elyer for Households – Submit Verification Documents with Your Smartphonel     Sources of Income for School Meal Elipibility.
	12/04/2015



## Verification Q & A

Q.) How many pay stubs are required?

A.) One pay stub is sufficient if it represents the income and pay frequency reported on the original application.



## Verification Q & A

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

A.) LEA may on a case-by-case basis, replace up to 5% of applications selected. Applications may be replaced when the LEA believes the household would be unable to satisfactorily respond to verification request. In this case you may ask another staff member to assist with the verification process, but it is not a reason to replace an application.



## **Complete Verification**

#### Processing Documentation

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



## **Best Practice for Documentation**

- Any changes made to the original application should be noted on the application, if possible, in a different color ink.
  - Make note of changes to income, pay frequency, change in household members or otherwise
  - Make note of where or from whom the information was obtained
  - Initial and date changes



#### **Verification Process**

# Step 4 Notify Household of Results



- No change to the benefit level- Notify the household
- Benefits increase (reduced to free)- Notify the household and change the benefits of all children in the household no later than three operating days
- Maintain original certification documents- Maintain the application for benefits originally submitted by household(s) for a record of how benefits prior to verification were certified.
- Maintain records of verification- maintain copies of all relevant correspondence with households and copies of documents submitted by households



- Benefits decrease\* (free to paid, reduced to paid, or free to reduced)- Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent.
- No response, inadequate documentation or termination of benefits\* - Notify the household providing them ten calendar days written notice. Day one is the day the notice is sent.
- Households reapplying for meal benefits- households reapplying must provide documentation with application to verify income or assistance eligibility status prior to approval.

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



Dear:				We Ha	ave Verified	I Your Application	
We have checked the information you sent us to prove:         CHED MME (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)         Istance       CHED MME (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)         Istance       Starting       CHED MME (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)         Istance       Chel (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)         Istance       Chel (Preventum)       Chel (Preventum)       CHED MME (Preventum)       CHED MME (Preventum)         Istance       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)         Istance       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)         Istance       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)         Istance       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)         Istance       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)         Istance       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)       Chel (Preventum)         Istance       C	Date:						
ORD_MME (Preventue)         ORD_MME (Preventue)         ORD_MME (Preventue)         ORD_MME (Preventue)           Istare eligible for free or reduced-price meaks and it has been determined:         Ord_D_MME (Preventue)         Ord_D_MME (Preventue)           Istare eligible for free or reduced-price meaks and it has been determined:         Ord_D_MME (Preventue)         Ord_D_MME (Preventue)           Istarting	Dear:						
ORLD HWRE (Prevent Lan)         ORLD HWRE (Prevent Lan)         ORLD HWRE (Prevent Lan)         ORLD HWRE (Prevent Lan)           Is/are eligible for free or reduced-price meals and it has been determined:         Totar HWRE (Prevent Lan)         ORLD HWRE (Prevent Lan)           Is/are eligible for free or reduced-price meals and it has been determined:         Totar HWRE (Prevent Lan)         ORLD HWRE (Prevent Lan)           Is/are eligible for free or reduced-price meals and it has been determined:         Totar HWRE (Prevent Lan)         Data (Frain area Lan)           Is starting         Data (Frain area Lan)         Your child(ren)'s eligibility for meals will be changed from free to reduced-price because your mone is over the firm. Reduced price meals cost	We have	checked t	he informatio	n you sent us to prove			
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You did not provide:     You did not prov	[	Recor	ds show the o	child(ren) is not homele	ess, runawa	y, migrant, or Head Start	
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ISBE 68-09 HVAPP (10/17)

Print Reset Form



We Have	Verified	Your	Application
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Date:

Dear:

#### We have checked the information you sent us to prove:

| CHILD NAME (First and Last) |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|                             |                             |                             |                             |

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

- Your child(ren)'s eligibility has not changed.
- Starting\_\_\_\_\_, your child(ren)'s eligibility for meals will be changed from reduced-price
  Date (1-3 operating days)

to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

Starting \_\_\_\_\_, your child(ren)'s eligibility for meals will be changed from free to
Date (ten calendar days)

reduced-price because your income is over the limit. Reduced-price meals cost \_\_\_\_\_ for lunch and \_\_\_\_\_ for breakfast.

Starting \_\_\_\_\_\_. your child(ren) is/are no longer eligibile for free or reduced-price meals

for the following reason(s):

- Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.
- Records show the child(ren) is not homeless, runaway, migrant, or Head Start
- Your income is over the limit for free or reduced-price meals.
- You did not provide: \_\_\_\_\_
- You did not respond to our request.

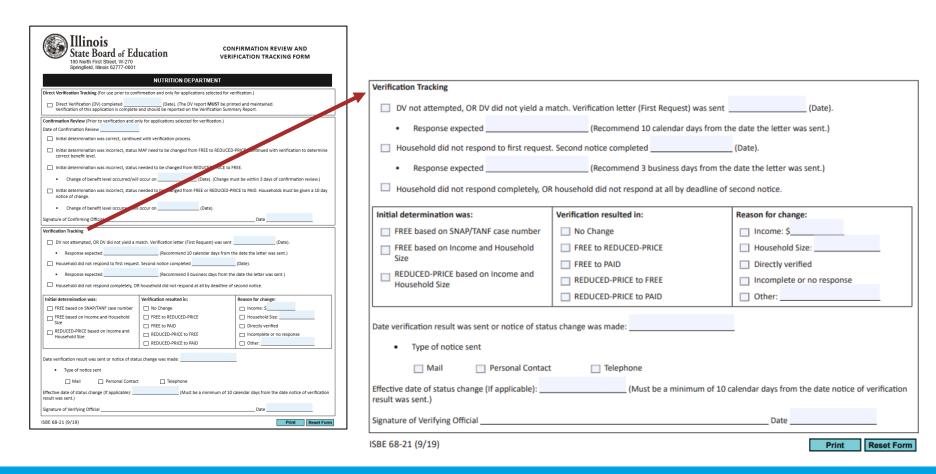
Meals cost \_\_\_\_\_ for lunch and \_\_\_\_\_ for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.



	Name	Telephone W/Area Code
	Address (Street, City	, State, Zip Code
Sincerely,		



## **Verification Tracking**





## Sample Timeline for Steps

• October 1 – Application count completed after direct certification was performed.

• October 2 – Sample size calculated based on October 1 application count, and applications to be verified are pulled and a confirmation review is performed.

• October 3 – Direct verification is attempted for those applications selected. Households, whose applications are unable to be directly verified, are sent notification of their selection for verification. Households have 10 calendar days to comply with this first request.

• October 13 – Households that did not comply with first request must be sent a second notice. Households have 3 business days to comply with this second request.

• October 16 – Households that did not comply with the second request are sent a letter notifying them that their benefits are being terminated. Benefits will be terminated 10 calendar days from the date notification is sent. In this example the letter is sent on October 16 so the termination of benefits will go into effect on October 26\*.

• October 26 – The termination of benefits goes into effect, verification is considered complete and results of verification are ready to be compiled for submitting on the required Verification Summary Report.



## Verification Q & A

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

A.) The verification summary report is collecting data for how many students were deemed eligible for meal benefits using the direct certification system. Students who are identified as categorically eligible should be included in the student count on the report even if the household has opted to decline the benefits.



#### **Best Practice for Recordkeeping**



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

Using the original document proceed with verification.





Once verification is complete, attach to the application all household documentation along with copies of all correspondence and keep in a secure location. Maintain documentation for 3 years plus the current.



# **Activity Time**



1. All Household Members (Attach :	nother sheet of paper if necessar	v.) .			_	_			CHOOL US	rone Applicate
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	fer Busiest av)1 School Name	dr Buteriore) Grade SNAP OR Grade TANF must be not directly ou logsthold str			provided	below. If	number.	ONLY	Skip to Part one SNAPT	Chack I Foster Child*
Parent 1			-				-		<b></b>	1
Parent 2			-		-	_		+-		누岩
Child 1	Lipcola Elem	51					-			+ +
Child 2	Lincoln Middle Sch	Th		-	-					1 🛱
Child 3	Lincoln High School	10++								十片
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2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

K. Homeless, Regrants, Nationary, S. Homeless, Bart Benefits, Nationary, Constraints, Const

NAMES			IT WAS RECEIVED	(Ilxample: \$100.tmc	antite \$	100 Awice a m	with; \$100/every oth	erwesk: \$100/week]	
(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings (Before D	From Work eductions)	C. Welfar Support	e, Child Alimony	D.	Pensions, Social	Retirement, .	E. Worker's Com ment, SSI, etc. (A	np., Unemploy
	Amount	How eften?	Amount	How alten?		Amount	How offen?	Amount	How altern?
Parent 1	\$244B@	monthlu	\$		\$			\$	
Parent 2	s4200	2x month	\$ 456.00	monthly	\$	-		8	
ñ.	\$		\$	in an ang	5				

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

An adult household member must sign the application. If Part 3 is completed, the adult X X X - X X - O O O O O I I do not have a social security number or must the f do not have a social security number box.

Lowith/granise) all information on this application is true and all income la reported. I understand the school will get Federal funds based on the information I give. Lunder officials may varity (check) the information. I understand if I purposety give flatse information, my childran may lose meet benefits and I may be prosecute 7/7/2023 Parent One Parent Ores

Date	Printed Name of Adult Household Member	 Signature of Adult Household Member	
5. Contact Information (Optional)			

Vor Telefrone Number (Include Area Code) Home Telephone Number (Include Area Code)

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

Mark one ethnic identity: Mark one or more racial identities: ☐ Asian ☐ Black or African American While ☐ American Indian or Alisska Native ☐ Native Hawaiian or Other Padific Islander Hispanic/Latino
Not Hispanic/Latino

- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY-

INITIAL DETERMINATION

TOTAL 45,168 Pr. West West Move Move Mark Kark Kark Kark LEAs must annualize income only when multiple incomes, at varying irequencies, are reported. Annual income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Contract on:     C
---

ISBE 68-05 NSSTAP School Year 2023-2024 (4/23)



3. Total Household Gross Incor NAMES	GROSS INCOME	AND HOW OFTEN	IT WAS RECEIVED	(Example: \$100/mo	nih: \$100/	Awice a month;	\$100Jevery oth	or week; \$100/week)		
(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Allmony		D. Pensions, Retirement, Social Security			E. Worker's Comp., Unemploy- ment, SSI, etc. (All other income		
	Amount	How often?	Amount	How alten?	An	tount	How offen?	Amount	How altern?	
Parent 2	°2468∞	monthlu	\$		\$			\$	1.54 diam	
Parent 2	*4a0®	2x month	\$456.00	monthly	\$			8		
li	s		s	3	5			s		
v.	s		ş		\$			\$		
v.	s		e		-					

4 Signature and Social Sociation Number / Adult must stude



NAMES	GROSS INCOME	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month: \$100 //wice a month; \$100/every other work; \$100/week)										
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Weifan Support,	C. Weifare, Child Support, Allmony		D. Pensions, Retirement, Social Security		Amp., Unemplo				
	Amount	How effer?	Amount	How alten?	Amount	How often?	Amount	How altern				
Parent 2	±2448®	monthlu	\$		\$		s					
	°4,2090	2x month	\$456.00	monthlu	\$		8					
lè	\$		e				s					
Ċ.	2168 0	$0 \times 12$	- ¢	29 616	5 00							
<u>м</u> \$	2468.0	0 X 12	= \$	29,616	5.00	-	\$					
ν.				_	•		s					

4 Simplure and Social Sociality Number / Adult must stude



GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100kmonth; \$100 kmice a month; \$100kwory other week; \$100kweek)										
B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Allmony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unempl ment, SSI, etc. (All other inco				
Amount	How often?	Amount	How alten?	Amount	How offen?		How alter?			
2468™	monthly	\$		\$	1	\$				
°4,a0∞	2x month	\$45600	monthly	\$		8				
		9			t	s				
.468.0	DO X 12	<u>2</u> = Ś	29.616	5.00		\$				
					_					
	(Before D Arnount 24468.0 4000	(Before Daductions) Amount How efter? 2468 2 month 400 2 2x month	(Before Daductions) C. Support Amount How eften? Amount $3468.00 \times 12 = $$	(Before Daductiona) Amount How ellen? Amount How alten? 3468.00 X 12 = \$29,616	(Before Deductions) C. Support, Altmony D. Pensions, Amount How effen? Annount How often? Amount $3468.00 \times 12 = $29,616.00$	(Before Daductions) C. Support, Almonty D. Pensions, Refirement, Support, Almonty D. Pensions, Refirement, S	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			



3. Total Household Gross Incon NAMES	GROSS INCOME	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100teconfit: \$100 Mylice a month; \$100tevery other week; \$100tweek)											
A. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings (Before D	From Work eductions)	C. Weifan Support	C. Welfare, Child Support, Allmony		Retirement, Security	E. Worker's Co ment, SSI, etc.	mp., Unemploy All other incom					
	Amount	How often?	Amount	How alten?	Amount	How often?	Amount	How alter?					
Parent 2	5246B00	monthlu	\$		\$	1	\$						
Parent 2	°4,20∞	2x month	\$456.00	monthlu	\$		8						
ii.	\$			To an and			s						
Ś	2,468.0	DO X 12	<u>2</u> = \$	29,616	5.00		\$						
A	, 420.00			, 10,080	00.0	_	\$						
	456.00	X 12 =	= \$	5,472	2.00								



3. Total Household Gross Incom NAMES	GROSS INCOME	AND HOW OFTEN	IT WAS RECEIVED	(Example: \$100/mo	nth: \$100 Awice a m	onih; \$100/every oth	Nor weak: \$100/week	
4. (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings (Before D	From Work eductions)	C. Welfan Support	C. Welfare, Child I Support, Allmony		Retirement, Security	E. Worker's Co ment, SSI, etc.	All other income
	Amount	How often?	Amount	How alten?	Amount	How offen?	Amount	How altern?
Parent 1	5246B00	monthlu	\$		\$	1	\$	
Harent 2	*4,20°	2x month	\$45600	monthlu	ş		8	
10	\$		e				\$	
\$2	2,468.0	DO X 12	<u>2</u> = \$	29,616	5.00	,	\$	
4. Signature and Social Soc	420.00	X 24 =	= \$	10,080	0.00	_	s	
	456.00	X 12 =	= <u>\$</u>	5,472	2.00			
			Ś	45,168	3.00			



\$2,468.00 X 12 =	\$29,616.00
\$420.00 X 24 =	\$10,080.00
\$456.00 X 12 =	<u>\$ 5,472.00</u>
	\$45,168.00

	- THE FO	OLLOWING	SECTIONS AF	E FOR SCH	OOL USE	ONLY-	
TOTAL 5.168 20	Every 2	Twice a				CHANGE IN	
COME \$P	r: 🗌 Week 🗌 Weeks	Month	🗋 Month 📉	Year HOUSEN	oin: 5	STATUS:	Date
Annual Income Conversion Wi	SNAP or TANF	Reduced		Denied—R	eason: too high		
runaway	household's incon	ne		□ Incompl □ Non-qua	lete applicat alifying SNAF	VTANE .	



3. Total Household Gross Inco NAMES	GROSS INCOME	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/monif: \$100 //wice a monif: \$100/week)											
(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Weifar Support	C. Welfare, Child Support, Allmony		Pensions, Social	Retirement, .	E. Worker's C ment, SSI, etc.	amp., Unemploy (All other incom				
	Amount	How often?	Amount	How alten?		Amount	How often?	Amount	How alter?				
Parent 2	\$246B00	monthlu	\$		\$			\$					
Parent 2	34a0®	2x month	\$456.00	monthlu	\$			8					
li.	\$		\$	Junarday	5	_		s					
	\$		\$		\$			\$					
	\$		\$		\$			\$					
Signature and Social Security													
Sinnatura and Social Social	the second s	- 14 4 4 4 4											

INITIAL DETERMINATIO		OLLOWING	SECTION	IS ARE P	OR SCHOO	LUSE	ONLY-	and an	
NCOME \$ 45,168 00	Every 2 Per: 🔲 Week 🗌 Weeks	Twice a Month	Month	Year	NUMBER IN HOUSEHOLD:	5	CHANGE IN STATUS:		Date
EAs must annualize income or Annual Income Conversion V	ly when multiple incomes, a Veckly X 52 Every 2 Wee	t varying freque sks X 26 Twic	ncies, are rej ce a Month X	orted. (24 Onc	e a Month X 12	2			
Free based on: homeless migrant runaway Head Start	SNAP or TANF foster child household's incor	· 🗅 hou	d based on sehold's ind stermining O		income too income too incomplete Non-qualifyin	high applicat 1g SNA	PYTANE	Date Withdrawn:	12023



ICDE OF OR MORE HERE ALL MADE

# Adult 1 Lake-Paid once a month \$2,468.00 X 12= \$29,616.00



## Adult 1 Lake-Paid once a month \$2,468.00 X 12= \$29,616.00 Adult 2 Lake-Paid twice a month \$420.00 x 24 = \$10,080.00



# Adult 1 Lake-Paid once a month \$2,468.00 X 12= \$29,616.00 Adult 2 Lake-Paid twice a month \$420.00 x 24 = \$10,080.00 \$456.00 x 12 = \$5,472.00



# Adult 1 Lake-Paid once a month \$2,468.00 X 12= \$29,616.00 Adult 2 Lake-Paid twice a month \$420.00 x 24 = \$10,080.00 \$456.00 x 12 = \$5,472.00 \$15,552.00



Adult 1 Lake-Paid two times a month \$2468.00 X 12= \$29,616.00 Adult 2 Lake-Paid once a month \$420.00 x 24 = \$10,080.00 \$456.00 x 12 = \$5,472.00\$15,552.00 Lake household of 5 annual income-\$29,616.00



Adult 1 Lake-Paid two times a month  $$2468.00 \times 12 = $29,616.00$ Adult 2 Lake-Paid once a month  $$420.00 \times 24 = $10,080.00$   $$456.00 \times 12 = $5,472.00$  \$15,552.00Lake household of 5 annual income-\$29,616.00 + \$15,552.00



Adult 1 Lake-Paid two times a month \$2468.00 X 12= \$29,616.00 Adult 2 Lake-Paid once a month \$420.00 x 24 = \$10,080.00 \$456.00 x 12 = \$5,472.00 \$15,552.00 Lake household of 5 annual income-\$29,616.00 + \$15,552.00 = \$45,168.00



#### FISCAL YEAR 2024 INCOME ELIGIBILITY GUIDELINES

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

						ity Guidelines 2023, to June 30, 2	2024					
	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	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519	
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702	
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885	
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068	
5	45,682											
6	52,364	4,364	2,182	2,014	1,007	6	74,518	6,210	3,105	2,867	1,434	
7	59,046	4,921	2,461	2,271	1,136	7	84,027	7,003	3,502	3,232	1,616	
8	65,728	5,478	2,739	2,528	1,264	8	93,536	7,795	3,898	3,598	1,799	
For each additional family member, add	6,682	557	279	257		For each additional family member, add	9,509	793	397	366	183	



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

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

		130% Fe					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		
1	18,954	1,580	790	729	365	-	
2	25,636	2,137	1,069	986	493		
3	32,318	2,694	1,347	1,243	622		
4	39,000	3,250	1,625	1,500	750		4
5	45,682					$\rightarrow$	\$45,682.00
6	52,364	4,364	2,182	2,014	1,007		\$45,168.00
7	59,046	4,921	2,461	2,271	1,136		
8	65,728	5,478	2,739	2,528	1,264		\$514.00
For each additional family member, add	6,682	557	279	257	129		



## **Error-Prone Guidelines**

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

\$1200/Annually

\$45,682.00 -<u>\$45,168.00</u> **\$514.00** 



NAMES	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100 Marice a month; \$100 Marice a month											
4 (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Wetter Support	e, Child Alimony	D. Pensions, Social	Retirement, Security	E. Worker's Comp., Unemploy- ment, SSI, etc. (All other income					
	Amount	How often?	Amount	How alten?	Amount	How offen?	Amount	How altern?				
Parent 1	≦a448®	monthlu	\$		\$	1	\$					
Parent 2	<sup>5</sup> 4,2090	2x month	\$456.00	monthly	ş		8					
lê.	\$		9	1			s					
	2,468.0	DO X 12	<u>2</u> = \$	29,616	5.00	*	\$					
A Signature and Social Soc	420.00	X <mark>26</mark> =	= \$	10,92(	0.00		s					
	456.00	X 12 =	= <u>\$</u>	5,472	2.00							
			Ś	46,008	3.00							



Adult 1 Lake-Paid once a month \$2468.00 X 12= \$29,616.00 Adult 2 Lake-Paid bi-weekly a month \$420.00 x 24 = \$10,080.00 \$420.00 x **26** = \$10,920.00  $456.00 \times 12 = 5,472.00$ \$16,392.00 Lake household of 5 annual income-\$29,616.00 + **\$16,392.00** = **\$46,008.00** 



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

		130% Fe					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		
1	18,954	1,580	790	729	365		
2	25,636	2,137	1,069	986	493		
3	32,318	2,694	1,347	1,243	622		
4	39,000	3,250	1,625	1,500	750		
5	45,682						\$45 <i>,</i> 682.00
6	52,364	4,364	2,182	2,014	1,007		\$46,008.00
7	59,046	4,921	2,461	2,271	1,136		
8	65,728	5,478	2,739	2,528	1,264		Over \$326.0
For each additiona <b>l</b> family member, add	6,682	557	279	257	129	10 IV 10	



#### FISCAL YEAR 2024 INCOME ELIGIBILITY GUIDELINES

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

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



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

			duced-Price M deral Poverty			
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
1	26,973	2,248	1,124	1,038	519	
2	36,482	3,041	1,521	1,404	702	
3	45,991	3,833	1,917	1,769	885	
4	55,500	4,625	2,313	2,135	1,068	
5	65,009					→\$65,009.00
6	74,518	6,210	3,105	2,867	1,434	. ,
7	84,027	7,003	3,502	3,232	1,616	<u>\$46,008.00</u>
8	93,536	7,795	3,898	3,598	1,799	Under \$19,001
For each additional family member, add	9,509	793	397	366	183	



Adult 1 Lake-Paid once a month

\$2080.00 x 12= \$24,960.00

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

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

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

#### Lake household of 5 annual income-

\$29,616.00 + \$16,392.00 = **\$46,008.00** 

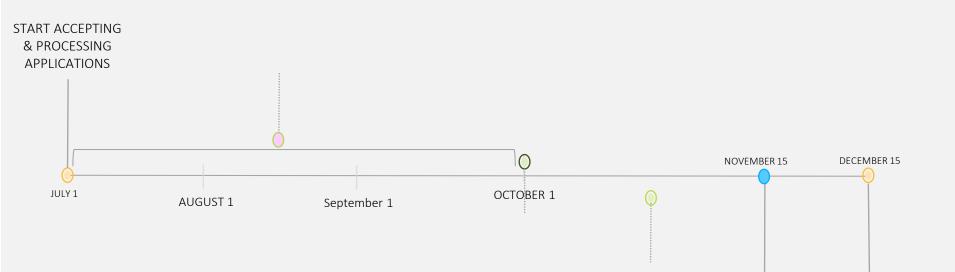
#### **Income Guidelines for family of 5:**

Free \$45,682.00\$46,008.00Reduced \$65,009

# Reduced

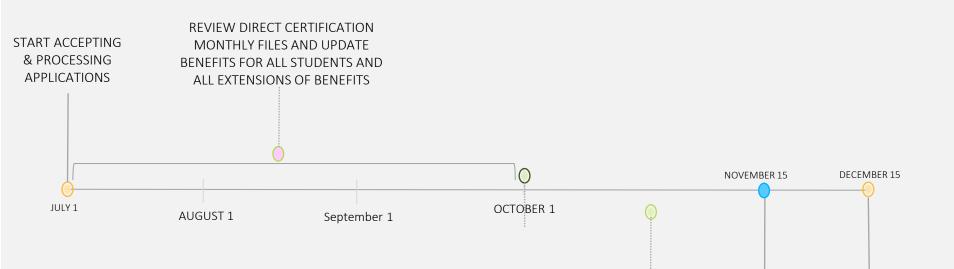


Timeline July 1st to December 15th



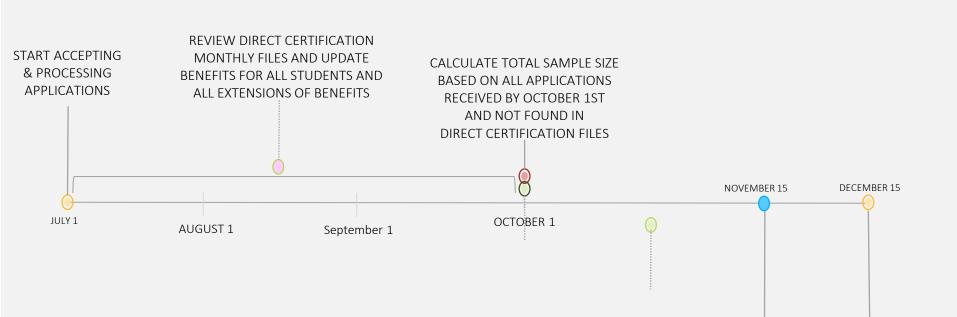


Timeline July 1st to December 15th



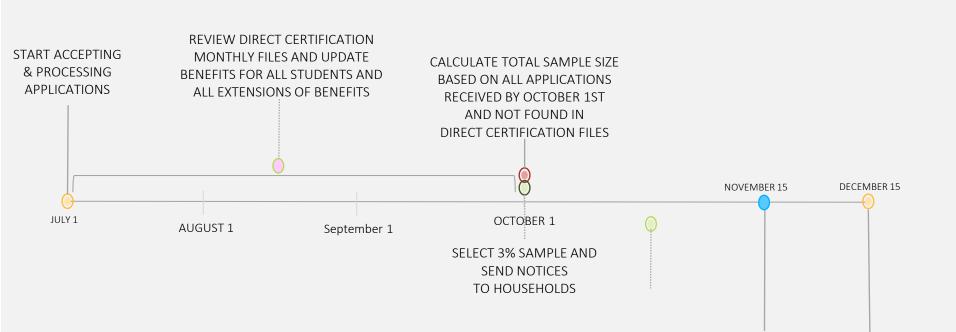


Timeline July 1st to December 15th



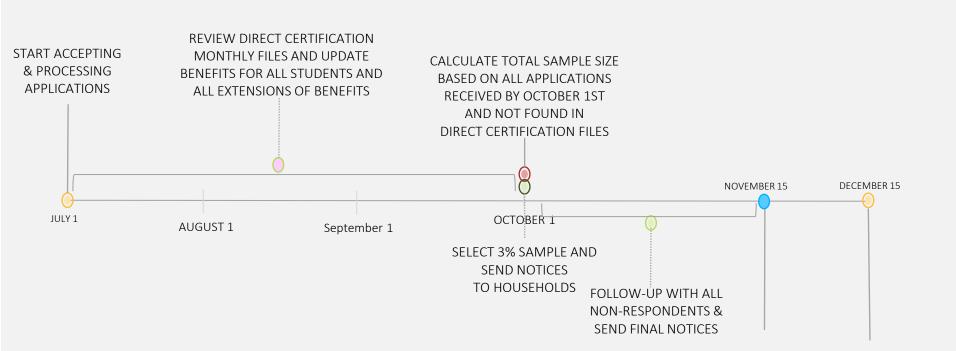


Timeline July 1st to December 15th



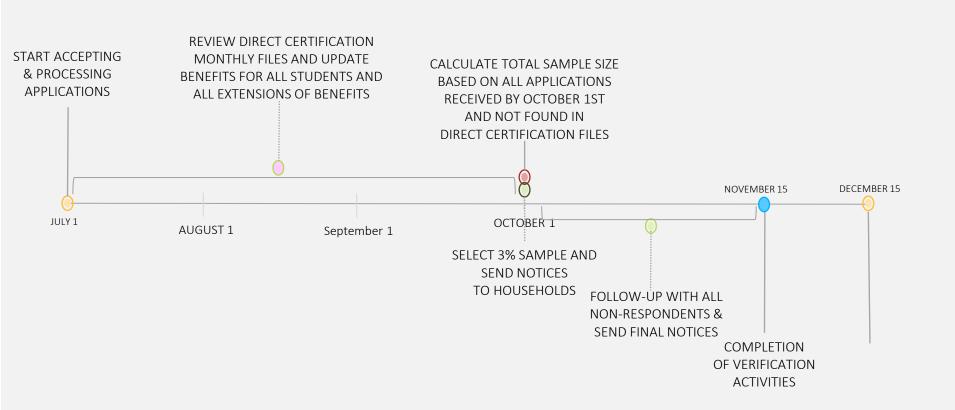


Timeline July 1st to December 15th



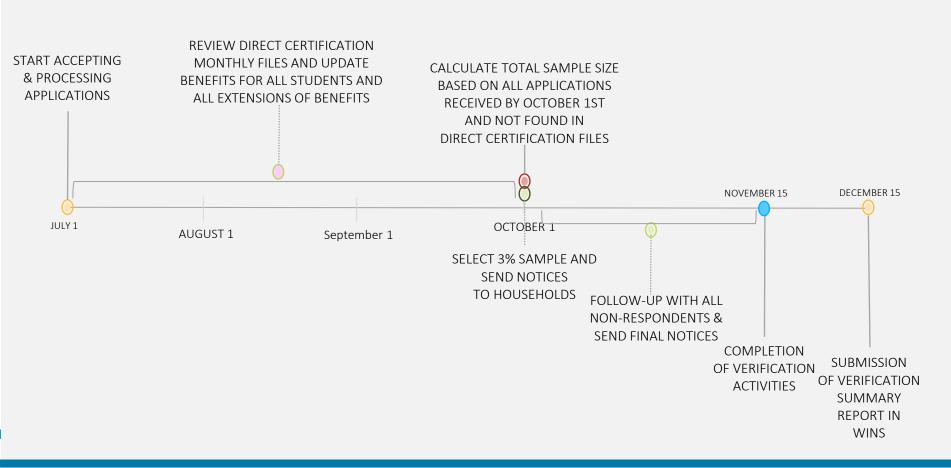


Timeline July 1st to December 15th





Timeline July 1st to December 15th





#### **Contact Information**

## ISBE Nutrition Department 800.545.7892 or 217.782.2491 <u>cnp@isbe.net</u>



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

