

Will be updated for Verification for 2011 - 2012

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Electronic files on DPI website at: www.dpi.wi.gov/fns/fincou1.html, click on “Free and Reduced Applications in the green section to the left, then on “Documents and Forms” scroll down to “Verification” and click on “Verification Forms”.

Eligibility Manual For School Meals (January 2008 edition)

will be referred to as “EM” throughout these pages.

Download at www.dpi.wi.gov/fns;

click “Free & Reduce Applications” in left green margin

Also refer to USDA Policy Memos on the website for changes from this Manual.

Verification Reminders on Specific Situations:

Free Benefits Extended to household members based on a case number listed on the application: See Policy memos at <http://www.dpi.wi.gov/fns/fincou1.html> under SY 2009 - 2010 and also under Direct Certification. DPI summaries are also available.

USDA Policy Memo SP 38-2009 – This memo extends benefits to other children in a household where at least one child receives Food Share or W-2 cash assistance. This can be identified based on Direct Certification or application with a case number.

USDA Policy Memo – SP 25 – 2010 – This memo serves to further clarify Policy SP 38-2009 for extending free meal benefits based on at least one member (child or adult) of the household being eligible for Food Share or W-2 benefits.

Foster Child (EM page 9, 11, 18, 22, 28, 31-32, 34-36, 79) Not categorically eligible – approved based on “personal use income” of the Foster Child

Foster children remain a ward of the courts or other state agency. They are considered a household of “one” and must each be submitted on a separate application. Two or more foster children living in the same household must still have separate applications submitted.

Zero income on an application of a foster child or institutionalized child is acceptable and may be approved for the entire school year. However, an income amount or “\$0” must be reported on the designated line on the application or it is incomplete and it cannot be approved.

If randomly selected for verification (EM 79), foster child application must be verified. School officials should contact the household in which the foster child resides and ask for the name, agency, and phone number of the social worker assigned to that child. A phone call to the social worker confirming the child’s status as a foster child and the amount of money designated by the agency for the child’s personal use is sufficient verification. The school official should, however, document the phone conversation with the social worker (identifying the social worker, agency, phone number, status of the child, and the child’s personal-use income).

Another approach would be to ask the foster family for a copy of a written communication between the foster family and the placement agency in which the status of the child and the financial arrangement is stated. If the family is unable to provide such information, a phone call to the placement agency to confirm the child’s status and income should be made prior to denying the child free meals.

Kinship Care and Legally Adopted Children (including subsidized adoption)

Children placed through Kinship Care in Wisconsin are considered part of the household when an adult in the household has legal responsibility for their care. The children must be included on the application submitted by that household.

(EM page 31, 38) Children are part of the household when there is a legal adoption. These children must be listed on the application submitted by that household. Any adoption subsidy is considered income and must be reported as income on the application.

Overtime Income for Determination and Verification Purposes (EM page 34, 79-80)

The verifying official should work with the household to determine whether the overtime included on wage statements is representative of overtime typically received.

If the overtime is received regularly it should be included at determination and verification. If the overtime is a one-time occurrence or only sporadic, income should be calculated based on the regular income without overtime.

Seasonal Workers (EM page 34) Seasonal workers such as migrants and others whose income fluctuates during the year usually earn more money in some months than others. In these situations, the household may project its annual rate of income and report that figure. If the previous year's income accurately reflects the current annual rate, the prior year may be used as the basis for projecting annual income. Use this method when verifying the income of part-year (such as nine month) employees

Seasonal income would be verified by submitting documents to verify periods typical of the projected income. If the prior year income was used, the household should submit a **copy of income taxes filed to show annual income**. **Note:** They may not use the "Adjusted Gross Income" figure, but must use actual income reported.

Self-employed members of households (business or farming) (EM page 33-34, 36)

Self-employed persons may use last year's income as a basis to project their current year's net income, unless their current net income provides a more accurate measure. Net income for self-employment is determined by subtracting business expenses from gross receipts.

Documentation to submit for income projected based on current income would be documents to support current business/farming income received after business/farming expenses have been paid.

Documentation to submit at verification for self-employed or farming income from the prior year may include the previous year's income tax papers including Schedule C for businesses or Schedule F for farming. On Schedule C or Schedule F refer to the figure reported at the bottom of the page as "**Net profit or loss**". Remember that a **loss is not subtracted from other income**. A loss is counted as "0" in figuring income on the Free/Reduced Price meals application. (EM page 34)

A household with self-employed income must report other sources as current income such as wages, pensions, or other regular income not part of the business/farm income (EM page 33)

Zero Income (\$0) Applications (Temporary Approval) (EM page 19, 21-22, and 74)

If randomly selected for verification, a household indicating zero income must submit a written explanation of how living expenses are being met.

Zero Income (\$0) Applications can only be temporarily approved. The time frame is usually no more than 45 calendar days, but it may vary depending on the household's circumstances. At the end of that period, the Determining Official must check with the household to see if there is any regular income to be counted to determine eligibility for the remainder of the school year. If the household's situation at the end of the temporary approval remains the same, the LEA may either: continue eligibility & re-evaluate at each 45 day interval; or (based on individual situation that is expected to continue unchanged) make the approval valid for the duration of the current school year which would allow for carry-over of that status into the next school year.

STANDARD SAMPLING WORKSHEET

(formerly BASIC sampling)

The Standard Sampling method must be used by all LEA's unless they qualify to use one of the alternate sample sizes.

This sampling method *must be selected* if:

The preceding school year the LEA Verification non-response rate was 20 % or greater; (see EM pages 67-68)

DPI will notify LEA's in September of each year if they are required to do the Standard Sampling for Verification due to non-response rate of 20% or greater.

REQUIRED SAMPLE SIZE

_____ Total number of all approved free & reduced-price applications on file on *October 1*

X .03 Multiply by 3 percent (3%)

_____ (ROUND all decimals up to next whole number) = _____ to be verified
OR 3,000 applications whichever is less

Once the sample size is determined, applications are randomly selected first from the error-prone applications. "Error-prone applications" are those with reported income within \$100 monthly or \$1,200 yearly of the free and reduced-price income eligibility levels.

If there are not enough error-prone applications to complete the sample, the remainder of applications to be verified are randomly selected from all other applications until the required number of applications are chosen.

Example: Must select at least one application: if 3% of total is less than one.

$$[.03 \times 15 \text{ applications} = .45 = \text{verify 1 application}]$$

ALTERNATE #1 SAMPLING WORKSHEET (formerly RANDOM sampling)

This sampling method can only be selected by LEA's with a non-response rate on Verification of less than 20% in the previous school year

OR

Large LEA's with more than 20,000 children approved for free and reduced price meals by application and have an improved non-response rate. The non-response rate for the previous school year must be at least 10% below the non-response rate for the second preceding school year. (see EM page 69)

REQUIRED SAMPLE SIZE OF ALL APPLICATIONS TO VERIFY

_____ Total number of all approved free & reduced-price applications on file on *October 1*

X .03 Multiply by 3 percent (3%)

_____ (ROUND all decimals up to the next whole number) = _____ to be verified OR 3,000 applications whichever is less

Randomly select the required number of applications to be verified from all approved applications.

For this sampling method: all applications (both categorically eligible via FoodShare, W-2 cash benefits, or FDPIR case numbers and income eligible) must have an equal chance of selection for verification.

Example: Must select at least one application: if 3% of total is less than one.

$$[.03 \times 5 \text{ applications} = .15 = 1 \text{ application}]$$

ALTERNATE 2 SAMPLING WORKSHEET (formerly FOCUSED sampling)

This sampling method can only be selected by a LEA with a non-response rate of less than 20% on Verification in the previous school year.

OR

Large LEA's with more than 20,000 children approved for free and reduced price meals by application and have an improved non-response rate. The non-response rate for the previous school year must be at least 10% below the non-response rate for the second preceding school year. (see EM page 69)

Applications for verification must be selected from BOTH GROUPS of approved applications (Income and Categorically eligible).

① REQUIRED SAMPLE SIZE OF INCOME APPLICATIONS TO VERIFY

_____ Total number of all approved free & reduced-price applications
(income and categorical) on file on *October 1*

X .01 Multiply by 1 percent (1%)

_____ (ROUND all decimals up to next whole number) = _____ to be verified

OR 1,000 applications, whichever is less

Must still select at least one application: if 1% of total is less than one.

[.01 X 75 applications = .75 = verify 1 application]

Randomly select the above number of applications from those with reported income within \$100 monthly or \$1,200 yearly of the free and reduced-price eligibility guidelines. If there are not enough applications in this range, continue randomly selecting income applications until the required total number of applications are chosen.

- AND -

② REQUIRED NUMBER OF APPROVED CATEGORICALLY ELIGIBLE APPLICATIONS TO VERIFY

Categorically eligible applications are those with an accurate 10 digit case number for FoodShare, W-2-cash benefits or FDPIR.

_____ Total number of approved categorically eligible applications on file
on *October 1*

X .005 Multiply by one half of one percent

_____ (ROUND all decimals up to next whole number) = _____ to be verified

OR 500 applications, whichever is less

From the categorically eligible applications (with case numbers) randomly select applications for verification until the required total number are chosen.

Example: Must select at least one application: if .5% of total is less than one.

[.005 X 180 applications = .90 = verify 1 application]

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals 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 that [name(s) of child(ren) [is/are] eligible.

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

1. IF YOU WERE RECEIVING BENEFITS FROM FOODSHARE, W-2 CASH BENEFITS OR FDPIR WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- FoodShare or W-2 Cash Benefits or FDPIR Certification Notice that shows dates of certification.
- Letter from FoodShare or W-2 Cash Benefits or FDPIR office that shows dates of certification.
- Do not send your EBT (QUEST) card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT [SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR] FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD: Send us official documentation from the agency sponsoring the child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES FoodShare or W-2 Cash Benefits or FDPIR benefits:

A. Write name and Social Security Number of each adult household member below.

| Name | Social Security Number (See Privacy Act Statement, page 2) | No Social Security Number |
|-------|---|---------------------------|
| _____ | ____ - ____ - ____ | <input type="checkbox"/> |
| _____ | ____ - ____ - ____ | <input type="checkbox"/> |
| _____ | ____ - ____ - ____ | <input type="checkbox"/> |
| _____ | ____ - ____ - ____ | <input type="checkbox"/> |
| _____ | ____ - ____ - ____ | <input type="checkbox"/> |
| _____ | ____ - ____ - ____ | <input type="checkbox"/> |
| _____ | ____ - ____ - ____ | <input type="checkbox"/> |

B. Send this page along with papers that show the amount of money your household gets from each source of income. 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: [address]

ACCEPTABLE PAPERS INCLUDE:

JOB: 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 COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from your local W-2 Cash Benefits office.

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.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation]. You may also e-mail us at [e-mail address].

Sincerely,

[signature]

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of all adult household members. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (FoodShare), Temporary Assistance for Needy Families (W-2 Cash Benefits) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

FORM HOUSEHOLD MAY HAVE EMPLOYER COMPLETE

STATEMENT OF EARNINGS

This statement is to confirm that *(write employee's name here)* received the following amount of **gross income before** deductions for taxes, social security insurance, etc. \$_____.

This income is received: weekly
 every two weeks
 twice a month
 monthly
 yearly
 other _____

Please state the date of the paycheck listed above _____.

Signature of Employer/Title/Business Name Date

Address City/State/Zip

Telephone Number

FORM HOUSEHOLD MAY HAVE SOCIAL SECURITY OFFICE COMPLETE

STATEMENT OF SOCIAL SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)

This statement is to confirm that _____ (*Name of Claimant*) _____ received the following
gross benefits from: Social Security \$ _____ or SSI income \$ _____
for the month of _____.

Signature/Title of Official/Agency

Date

Address

City/State/Zip

Telephone Number

FORM HOUSEHOLD MAY HAVE FOODSHARE, W-2 or FDPIR OFFICE COMPLETE

STATEMENT OF FOODSHARE, W-2 Cash Benefits, or FDPIR Benefits

Name of Parent or Guardian
Requesting Documentation _____

| <i>Insert Name of Adult/Child/Children</i> | <i>Case Number for FoodShare, W-2 cash benefits or FDPIR</i> | <i>Begin date of benefits (and/or end date if terminated)</i> |
|--|--|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

This statement is to confirm that the person/s named above are currently certified (or were at the time of application for meal benefits) to receive FoodShare, W-2 cash benefits, or FDPIR.

Signature and Title of FoodShare,
W-2 or FDPIR Official

Date

Address

City/State/Zip

Telephone Number

**DIRECT VERIFICATION LETTER
TO THE FOODSHARE, W-2 or FDPIR OFFICE FROM THE
LOCAL EDUCATIONAL AGENCY (LEA)**

Date _____

Dear _____:

The receipt of FoodShare, W-2 cash benefits or FDPIR automatically qualifies children for free school meals. The regulations for the FoodShare Program, W-2 Program, or FDPIR Program permit FoodShare, W-2 or FDPIR offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits. (Reference Notice 01-25, 12/07/2001, from Eric Baker, Division of Workforce Solutions, DWD, to County, Tribal and W-2 Local Agencies)

Enclosed is a listing of approved free meal applicants who have been selected for verification and who have indicated that the child for whom application was made receives FoodShare, W-2 cash benefits or FDPIR benefits. On the enclosed listing, please indicate if the child **was or is currently** a member of a household certified to receive FoodShare, W-2 cash benefits, or FDPIR. We need to determine if the households were certified for benefits using the most recent information available that is not older than 180 days prior to the date of the application, or information for all months from the month prior to application through the month direct verification is conducted. Therefore, we request that you indicate the date the household was certified to begin benefits and the date benefits were terminated, if applicable. This information will be used only to confirm the applicant's eligibility for free meal benefits.

Your return of the listing by _____ (*date*) will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact _____ (*name*) at the following telephone number _____.

Sincerely,

Signature and Title

Date

Address

Telephone Number

Enclosure (Direct Verification Form – FoodShare, W-2 cash benefits or FDPIR recipients)

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that [name(s) of child(ren)] are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting [date], your child(ren)'s eligibility for meals will be changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting [date], your child(ren)'s eligibility for meals will be changed from free to reduced price because your income is over the limit. Reduced price meals cost [\$] for lunch and [\$] for breakfast.
- Starting [date], your child(ren) is/are no longer eligible for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received FoodShare, W-2 Cash Benefits or FDPIR.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ 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 [name] at [phone]. You also have the right to a fair hearing. If you request a hearing by [date], your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: [name], [address], [phone number], or [e-mail].

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

VERIFICATION TRACKER FOR SCHOOL USE

(Use one Tracker form per application selected for Verification)

Date the Initial Eligibility was confirmed by
Confirming Official prior to starting verification: _____

Date *Selection for Verification Notice* was sent to
household: _____

Date verification response is due from Household: _____

Date follow – up notice was sent /made to a non-
responding household: (Required to document at least
1 written or verbal follow-up attempt) _____

Date verification documentation was received, reviewed
and accepted: _____

Use back of sheet for calculations, if needed.

Initial Application Approval by:

- | | |
|---|-------------------------|
| <input type="checkbox"/> Free Eligible - FoodShare/W-2 /FDPIR Case Number | # students on app _____ |
| <input type="checkbox"/> Free Eligible – Income & Household Size | # students on app _____ |
| <input type="checkbox"/> Reduced Eligible – Income & Household Size | # students on app _____ |

Verification Result:

- No Change in Eligibility
- Free changed to Reduced
- Free changed to Paid
- Reduced changed to Free
- Reduced changed to Paid
- Did not respond following documented follow up; Eligibility must be changed to Paid

Note and Explain the Reason/s, for Eligibility Change:

Date notice of verification results/change was sent: _____

Date eligibility change was made: _____

Verifying Official's signature: _____

Date verification of application was completed: _____

Date hearing requested: _____

Date hearing held: _____

Hearing decision and date made: _____

Fair Hearing Procedure - Free and Reduced-price Meals; or Free Milk

For Determining, Verifying and Hearing Officials

Please read and file with copy of USDA's *Eligibility Manual for School Meals (January 2008 edition)*

Steps for the Fair Hearing Procedure used when households appeal either a determination of benefits or a decision based on verification of benefits are outlined in the Local Educational Agency (LEA) contract base (IV. Policy Statement for Free and Reduced-price Meals; or Free Milk under the federal Special Milk Program). In the contract base, the LEA agrees to establish and use a fair hearing procedure under which:

- a household can appeal a decision made by the LEA with respect to the household's free and reduced-price meal; or free milk application; and
- the LEA can challenge the continued eligibility of any child for free or reduced-price meals; or free milk.

Prior to initiating the hearing procedure, the school official, the parent(s) or the guardian may request a conference to provide an opportunity for the parent(s)/guardian and school official(s) to discuss the situation, present information, obtain an explanation of data submitted in the application, and decisions rendered. Such a conference shall not in any way prejudice nor diminish the right to a fair hearing. If the household appeals the adverse action within the 10 day advance notice period, the child who was determined to be eligible based on the face of the application submitted will continue to receive free or reduced price meals or free milk during the appeal and hearing.

The hearing procedure shall provide the following for both the household and the LEA:

1. A publicly announced, simple method to make an oral or written request for a hearing (as contained in the Letter to Household and the Public Release).
2. An opportunity to be assisted or represented by an attorney or other person.
3. An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal.
4. Reasonable promptness and convenience in scheduling a hearing, and adequate notice as to its time and place.
5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
7. That the hearing be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or in any previously held conference (designated Hearing Official as indicated on the LEA's current Program Renewal).
8. That the decision of the Hearing Official be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.
9. That the parties concerned and any designated representative shall be notified in writing of the decision of the Hearing Official.
10. That for each hearing a written record be prepared, including the challenge or the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the Hearing Official, including the reasons therefore, and a copy of the notification to the parties concerned of the Hearing Official's decision.
11. That the written record of each hearing must be retained for a period of three years after the close of the school year to which they pertain. These records shall be available for examination by the parties concerned or their designees at any reasonable time and place during such period.
12. A designated Hearing Official who is named on the Policy Statement Renewal and is not involved in the original eligibility determination.



Handout 7

School Nutrition Programs

2010-2011 NSLP Local Educational Agency Verification Report

Agreement No:

Agency Name:

Email Contact:

Agency Type:



| | | |
|--|---------------------------|---|
| 1. Type of Free/Reduced Price Application Used | Household | |
| Report data for items 2-5 as of the last operating day in October | A. All schools | B. Provision 2 Schools NOT OPERATING A BASE YEAR |
| 2. Number of schools and RCCIs operating the NSLP and/or SBP | | |
| 3. Number of enrolled students attending the schools/RCCIs in 2A/2B | | |

I. Enrollment, Application, and Eligibility Information (Pre-Verification)

Please note: For numbers 4 and 5, the column A and B headings have changed. Please make sure you report your numbers carefully in each column.

| | | |
|---|--|---|
| Please note change in column headings for 4 and 5. Column A and column B should be reported as of the last operating day in October. | A. Number of students as of the last operating day in October | B. Number of Approved Household Applications as of the last operating day in October |
| 4. Total FREE ELIGIBLE (Sum of 4-1 through 4-4) | | |
| 4-1. Number of students approved as FREE ELIGIBLE who are not subject to verification: <ul style="list-style-type: none"> students directly certified students in Head Start students in pre-K Even Start residential students in RCCIs non-applicants approved by local officials (migrant, homeless, runaway liaison list) | | Data for applications are not required, leave blank |
| 4-2. Number approved as FREE ELIGIBLE (Categorically Eligible) based upon a case number submitted on an application | | |
| 4-3. Number approved as FREE ELIGIBLE (Income Eligible) based upon income/household size information submitted on an application, including applications for a foster child | | |
| 4-4. Number FREE ELIGIBLES (free count) reported for Provision 2 schools NOT operating a base year | | Data for applications are not required, leave blank |
| | | |

| | | |
|---|--|---|
| 5. Total REDUCED-PRICE ELIGIBLE | | |
| 5-1. Number REDUCED-PRICE ELIGIBLE (reduced-price count) reported for Provision 2 schools NOT operating a base year | | Data for applications are not required, leave blank |

II. Results of Verification, by Application Type
 (report only the applications selected for verification)

| 6. Type of Verification Used | | Standard (formerly Basic) | | |
|---|------------------------|--|--|--|
| In items 7-11 below, report verification results based on the sample size chosen. Do not verify all applications. (See page 7 of instructions for details.) Column A, B, and C refer to the original eligibility determination of the applications verified (see instructions) | | A. FREE ELIGIBLE based on Foodshare/W-2 Cash Benefits/FDPIR Application Categorically Eligible | B. FREE ELIGIBLE based on Income/Household Size Application Income Eligible (includes Foster children and zero income) | C. REDUCED PRICE ELIGIBLE Based on Income/Household Size Application |
| 7. No Change | Number of applications | | | |
| | Number of students | | | |
| 8. Responded, Changed to Free | Number of applications | N/A Leave Blank | N/A Leave Blank | |
| | Number of students | N/A Leave Blank | N/A Leave Blank | |
| 9. Responded, Changed to Reduced-Price | Number of applications | | | N/A Leave Blank |
| | Number of students | | | N/A Leave Blank |
| 10. Responded, Changed to Paid | Number of applications | | | |
| | Number of students | | | |
| 11. Did <u>not</u> Respond, Changed to Paid | Number of applications | | | |
| | Number of students | | | |

Log off and return to the DPI homepage. For extra security, please close this browser session after clicking the Exit button.

Direct questions about the NSLP Local Educational Agency Verification Report to

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