Ohio Department of Education

Office of Nutrition

VERIFICATION INSTRUCTION MANUAL

2023-2024

**Deadline to submit report: February 1, 2024**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
[program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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\*Please note that the Food Stamp Program is now referred to as the

Special Nutrition Assistance Program (SNAP).

Ohio Department of Education

Office of Integrated Student Supports

VERIFICATION INSTRUCTION MANUAL

2023-2024

Deadline to complete: February 1, 2024

Verification is confirmation of a student’s eligibility for free or reduced-price meals when it is determined by household submission of a free and reduced-price application.

Verification must include confirmation of either:

* Income eligibility; or
* Household Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) or Ohio Works First (OWF) benefits; or
* A child is eligible for free meals as a foster child if the child was approved for free meals based on an application.

Verification efforts are not required:

* For children certified under direct certification procedures, including children documented by a Local Educational Agency (LEA) official as eligible migrant, runaway, homeless children; foster children; and children enrolled in Head Start;
* For children in Residential Child Care Institutions (RCCI), except for applications for non-residential students attending the institution;
* In schools participating only in in the Special Milk Program;
* In schools with non-pricing programs, which claim only the paid rate of reimbursement, all children are served with no separate charge for food service and no special cash assistance is claimed;
* In LEAs where all schools participate in the Community Eligibility Provision (CEP) or Provision 2 except in the base years of Provision 2 schools in which applications are taken for all children in attendance;

**VERIFICATION PROCESS PROCEDURE:**

Select a sample of the approved applications on file as of October 1, 2023. Verification may start prior to Oct. 1 by projecting the number of approved applications based on prior experience and rechecking the number of actual approved applications on Oct. 1.

# SAMPLE SELECTION PROCEDURE:

School Food Authorities (SFAs) must select one of the following verification sample size selection procedures. For any sampling method, round up percentages to the next whole number (i.e. if 3 percent of applications is 4.1, round up to five applications):

* **Standard (Basic or Error Prone)** – Required method for SFAs with 20% or greater non-response rate in the 2022-2023 school year. SFA must verify:
	+ Sampling of the lesser of 3 percent or 3,000 applications on file as of Oct. 1.
	+ Once the sample size is determined, select error prone applications first, defined as within $100 per month or $1,200 per year of eligibility scale.
	+ If there are not enough error prone applications to complete the sample, select the remaining applications through random selection.
* **Alternate One (Alternate-Random)** –SFA must verify:
	+ Sampling of the lesser of 3 percent or 3,000 applications which are randomly selected by the SFA from all approved applications as of Oct. 1.
* **Alternate Two (Alternate-Focused)** –SFA must verify:
	+ Sampling of either 1 percent or 1,000 of all approved applications as of Oct. 1, selected from error prone applications;

**PLUS the lesser of:**

* + Sampling of ½ percent (.50%) or 500 approved applications as of Oct. 1, which provide case numbers in lieu of income information;
	+ **No Verifications Required**
	+ SFA has all Provision 2 non-base year or CEP schools;
	+ SFA has only free eligible kids who are not subject to verification (directly certified or other);
	+ SFA has no students that qualify for free or reduced meals (the SFA claims all meals as paid);
	+ SFA participates in the Special Milk Program only;
	+ SFA is a Residential Treatment Facility with no day treatment students;

**Note:** Although an SFA may be deemed exempt from the verification process, all SFAs are required to file an SFA Verification Collection Report (FNS-742)

NOTES Regarding Selection of a Sample Size:

* + Students who receive free meal benefits resulting from Direct Certification are not subject to the verification process. This includes any siblings that were identified for free meal benefits through the extension of Direct Certification benefits.
	+ Refer to page 6 for details regarding the extension of Direct Certification benefits to additional members of a household.
	+ Student meal applications that qualify students for free meal benefits by a SNAP or OWF number are subject to verification.
	+ SFAs may not verify all applications. SFAs must verify the required amount of applications as calculated by the selected sample size procedure but may do no more.
	+ Although the verification sample cannot exceed the sample size calculated per the above chosen method, the Sponsor is obligated to verify all questionable applications.
	+ Use of the Standard (Error Prone) sample method is required for SFAs with 20 percent or more non-response rate in the prior year.

# CONFIRMATION REVIEW PROCESS:

* Prior to household notification, a different individual from the person who made the initial application determination must check accuracy (Confirmation Review) of all the selected household applications. This person is known as the “Confirming Official”.
	1. If the accuracy check does not yield a change in the eligibility determination, the SFA may proceed with verification of that application.
	2. If the accuracy check of an application results in increased benefit for a household (for example, a change from reduced to free benefits), the SFA should make the increased benefits available immediately and notify the household. The application is still subject to verification.
	3. If the accuracy check of an application results in decreased benefits of a household (for example, a change from reduced to paid benefits), the SFA must send the household a notice of adverse action immediately and does not verify the application. The SFA will select a similar application (such as another error prone application) for verification and follow the confirmation review procedures for the selected application.

NOTES Regarding the confirmation review process:

* + The Confirmation Official must be a person who did not make the initial eligibility determination of an application selected for verification.
	+ SFAs using technology-based systems for application approval with a high degree of accuracy may complete an online [confirmation review waiver form](http://education.ohio.gov/Topics/Other-Resources/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/Food-and-Nutrition-Waivers).
1. **VERIFICATION PROCESS**
* Upon completion of the Confirmation Review, notify selected household with a letter or an email if the parent or guardian contact information is known. Use the *Letter to Notify Households of Selection for Verification* (page 8) and attach the *Verification Instructions for Free and Reduced-Price School Meals* (pages 8-9).
* SFAs must assign a school or SFA official to provide verification assistance.
* SFAs must provide all selected households with a phone number that they may call for assistance. The call must be free to all households with the sponsor.
* SFAs may Directly Verify the eligibility status of SNAP/OWF recipients by sending a list to the County Job and Family Services office. Refer to *An Optional Form for the School Use for Direct Verification of SNAP/OWF Recipients* on page 10. When the SFA uses county records or direct verification to confirm eligibility, a verification selection letter to the household is not required.
* Evaluate all information submitted to the school from the household.

**NOTES REGARDING THE VERIFICATION PROCESS**

* SFAs may decline to verify no more than five percent of applications in a selected sample on an individual basis. Any removed application from the sample must be replaced with another approved application. SFAs should consider factors such as household stability and communication difficulties when declining applications. It is the discretion of the SFA to use this provision.
* If a household application is selected for verification, and the child(ren) has withdrawn from the district, the application must be taken out of the verification process and another application must be selected.
1. **FOLLOW UP WITH HOUSEHOLDS**
* If a household fails to respond, SFAs must make at least one additional attempt to obtain verification information from the household through mail, telephone, email, or personal contact.
* SFAs must document the follow up attempt to the household***.***
* The SFA may contract with a third party to assist with the required follow up activities. Any third party is subject to the confidentiality requirements outlined in the regulations.
1. **DECIDE ON continuation of meal benefits:**
* Based on findings: benefits are **confirmed**, **increased**, **reduced**, or **terminated.**
* Meal benefits for students of households that do not respond by the required deadline must be terminated on the date specified in their *Letter to Notify Households of Selection for Verification* (page 8).
* Notify households of any benefit changes. Use the *Letter of Verification Results and Adverse Action* (page 11).
* Notify school personnel responsible for issuing benefits (e.g. cashiers, food service staff, secretaries, principals, etc.).

**NOTES REGARDING THE MAKING DECISIONS ABOUT CONTINUATION OF THE MEAL BENEFITS PROCESS**

* If the meal benefits for a household change due to verification, the meal benefit changes must occur for all students on the application.
1. **Completion of Verification:**
* Verification of an application is complete when all required information is received OR a “*Letter of Verification Results and Adverse Action*” (page 11) letter is sent to the household.
	1. **Application Verification Summary Results (Optional)**
* The *Application Verification Summary Results* worksheet (page 12) is a tool to organize the verification results before completing the School Food Authority (SFA) Verification Collection Report in the Claims Reimbursement and Reporting System (CRRS). Completion of this form is optional.

**8. Complete the School Food Authority (SFA) Verification Collection Report**

* Refer to the instructions (pages 12-16) and the sample worksheet (pages 17-18).
* This report must be completed inthe CRRS.
* **Deadline:** The Verification Collection Report must be submitted into the CRRS and in error-free status by **February 1, 2024.**

### COMMON ERRORS IN VERIFICATION:

* Failure to confirm all income sources;
* Failure to evaluate all submitted information—missing names, missing dates, payment frequency;
* Failure to change eligibility of all students in the household if required through verification;
* Failure of sponsor to change benefits of a student after the minimum 10-day notification.

**THINGS TO REMEMBER:**

* **Medical card numbers** do not qualify as sufficient documentation**;**
* **Ohio Direction Cards** are not sufficient documentation. A dated letter of certification or notice of eligibility for cash benefits or SNAP benefits is required;
* All households selected and notified for verification selection must be verified or terminated for non-response;
* Terminated households for non-response that reapply in the same year must submit documentation of eligibility for approval; and
* The name of the student should be included in the documentation.
* The [USDA Eligibility Manual for School Meals, July 2017](https://www.fns.usda.gov/cn/eligibility-manual-school-meals) edition serves as an additional reference for the verification process. The USDA will not release an updated eligibility manual for school meals for school year 2023-2024. State agencies and program operators should continue to use the 2017 edition of the Eligibility Manual for the 2023-2024 school year.

## DOCUMENTATION REQUIREMENTS:

* All verification-related documents must be maintained for three years plus the current year; this includes a copy of all letters sent to the household(s) and all documents submitted by the household(s) that were used in the verification process.

The *School Food Authority Verification Collection Report* (Form FNS-742) must be completed in CRRS prior to the January 2024 claim submission. A Form FNS-742 is on pages 17-18.

**EXTENSION OF CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN IN A HOUSEHOLD**

* SFAs must extend eligibility for free meals to all students in a “family” for the purposes of applying for free or reduced-price meals or free milk.
	+ A family is defined as a group of related or nonrelated individuals, who are not residents of an institution or boarding house, but who are living as one economic unit.
* If one child in a family is Directly Certified, the SFA must use district enrollment records, a submitted Free and Reduced-Price Student Meal Application or other school documentation to determine if there are additional students in the family who were not identified through direct certification.
* If the SFA determines that there are additional students in the family, the SFA must Directly Certify these students for free meals without further submission of a meal application and notify the household accordingly.
* If the SFA receives a Free and Reduced-Price Application from a household where all students have been certified for free meals through Direct Certification or the extension of Direct Certification benefits, the SFA must disregard the application when determining the verification sample size. The application is not subject to verification.
* For additional guidance on extending categorical eligibility to additional children in a household, please reference USDA policy memo [SP 25-2010, Questions and Answers on Extending Categorical Eligibility to Additional Children in a Household](https://fns-prod.azureedge.net/sites/default/files/cn/SP25_CACFP11_SFSP10-2010os.pdf).

**NOTES REGARDING THE EXTENSION OF CATEGORICAL ELIGIBILITY TO ADDITIONAL CHILDREN**

* If benefits are extended based on an application with a SNAP or OWF case number, the application is included in the sample size and is subject to verification.
* If a student meal application is used only to record and confirm the household composition where another child in the household has been directly certified, the application is not included in the sample or subject to verification.
* For the purposes of the FNS-742, SFA Verification Collection Report, children who are eligible based on extended categorical eligibility are classified in the same category as the person who extended the eligibility. If the person who extended eligibility was Directly Certified, all children would be coded as Directly Certified. Likewise, if a child is listed on an application with a person’s SNAP or OWF case number, then all children would be coded as free eligible based on the SNAP/OWF case number.

You must provide the required information or contact [name] by [date], otherwise your child(ren) will stop receiving free or reduced-price meals.

**Please draft prototype letter on sponsor organization letterhead**

**to notify households of verification selection.**

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

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We are reviewing your Free and Reduced-Price School Meals Application. Federal rules require that we do this each year.

You submitted a Free and Reduced-Price meals application at the start of the school year and federal rules require you send us information to prove that **[name(s) of child(ren)] [is/are]** eligible under traditional school year operations.

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

1. If you were receiving benefits from the supplemental nutrition assistance program (SNAP, formally the food stamp program)or Ohio Works First (Owf) when you applied for free or REDUCED-PRICE meals, or at any time since then, send a copy of one of the following:

* SNAPor OWFCertification Notice that shows dates of certification.
* Letter from SNAP or OWF office that shows dates of certification.
* Do not send your EBT card.

2. If this letter is 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:

Provide written documentation that verifies the 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 that the child is a foster child.

4. If no one in your household receives SNAPor OWFbenefits:

Send this page along with documentation that show the amount of money your household receives from each source of income. The documentation 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:

* 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’s office.
* Welfare Payments: Benefit letter from the OWFoffice.
* 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 email us at [email 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 (SNAP) or Ohio Works First (OWF) 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.

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| **FOR THE SFA: SAMPLE FORM TO SEND TO YOUR COUNTY JOB AND FAMILY SERVICE OFFICE****FOR DIRECT VERIFICATION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP**) **OR OHIO WORKS FIRST (OWF) RECIPIENTS** |
| Adult Household Member | Other Pertinent Data/Information | Child's Name | SNAP or OWF Case Number | Current Participation in SNAP or OWF |
| (Last Name, First Name) | (Last Name, First Name) | Yes  | No |
|   |   |   |   |   |   |
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| **Signature of SNAP or OWF Official** |  |  | **Date** |  |
|   |   |   | **\*\*THIS FORM IS OPTIONAL** |  |  |
| Address |  |  |  |  |  |
|   |  | 10 |  |  |  |
| Telephone Number |  |  |  |  |  |

**Please draft prototype letter of verification results and adverse action on sponsor organization letterhead.**

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

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We reviewed the information you sent us regarding your Free and Reduced-Price Meal Application required by federal rules to prove that **[name(s) of child(ren)]** are eligible for free or reduced-price meals under traditional meal service and determined 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.
* Starting **[date]**, your child(ren)’s eligibility for meals will be changed **from free to reduced price** because your income is over the limit.
* Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced-price meal eligibilityfor the following reason(s):

\_\_\_ Records show that no one in your household received **SNAP** or OWF benefits.

\_\_\_ 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.

If you disagree with this determination, 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 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 [email].**

Sincerely,

**[signature]**

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1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
[program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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**SUMMARY OF APPLICATION VERIFICATION RESULTS**

**MULTIPLE STUDENT/HOUSEHOLD APPLICATIONS**

**Sample Form**

Copy this sample and use to summarize the verification results of each application if using Household format (one row per application). *Use of this form is optional*.

| *School/Site Name:* |
| --- |
| **APP ID** | **# OF STUDENTS****ON APPLICATION** | **ORIGINAL****APPROVAL** | **VERIFICATION RESULT** |
|       |       | [ ]  FREE, SNAP/OWF #[ ]  FREE, HH SIZE/INCOME[ ]  REDUCED PRICE | [ ]  FREE ELIGIBLE BASED ON SNAP/OWF AGENCY RESP. [ ]  FREE ELIGIBLE BASED ON HH DOCUMENTATION [ ]  REDUCED PRICE ELIGIBLE BASED ON HH DOCUMENTATION [ ]  PAID ELIGIBLE BASED ON HH DOCUMENTATION[ ]  PAID ELIGIBLE BASED ON HH NON-RESPONSE  |
|       |       | [ ]  FREE, SNAP/OWF #[ ]  FREE, HH SIZE/INCOME[ ]  REDUCED PRICE | [ ]  FREE ELIGIBLE BASED ON SNAP/OWF AGENCY RESP. [ ]  FREE ELIGIBLE BASED ON HH DOCUMENTATION [ ]  REDUCED PRICE ELIGIBLE BASED ON HH DOCUMENTATION [ ]  PAID ELIGIBLE BASED ON HH DOCUMENTATION[ ]  PAID ELIGIBLE BASED ON HH NON-RESPONSE |
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|       |       | [ ]  FREE, SNAP/OWF #[ ]  FREE, HH SIZE/INCOME[ ]  REDUCED PRICE | [ ]  FREE ELIGIBLE BASED ON SNAP/OWF AGENCY RESP. [ ]  FREE ELIGIBLE BASED ON HH DOCUMENTATION [ ]  REDUCED PRICE ELIGIBLE BASED ON HH DOCUMENTATION [ ]  PAID ELIGIBLE BASED ON HH DOCUMENTATION[ ]  PAID ELIGIBLE BASED ON HH NON-RESPONSE |

After completion of all summaries, sort and tally the information and complete form FNS-742.

**SCHOOL FOOD AUTHORITY (SFA) VERIFICATION COLLECTION REPORT**

**FNS-742**

2023-2024

All SFAs participating in the National School Lunch Program (NSLP) must complete a Verification Collection Report in the Claims Reimbursement and Reporting System (CRRS) regardless of exemption from the verification process.

The following organizations are exempt from the verification process:

* Residential Child Care Institutions (RCCIs) which do not have day students.
* SFAs which claim for all schools and all Programs based on claiming percentages established through Provision 2 (P2) or Community Eligibility Provision (CEP).
* SFAs which do not have any free or reduced-price eligible students; and
* SFAs which participate in the Special Milk Program only.

**Top of the Report:**

Enter the SFA name, SFA IRN, and the city and zip code for the SFA mailing address and/or main city and zip code the SFA sites reside (if sites reside in multiple cities). Select if the SFA overall is a public or a private/nonprofit entity. The school year and state agency name entries are auto populated into the report.

**Section 1:**

All SFAs with schools or RCCIs operating the NSLP and/or School Breakfast Program (SBP) must complete this section regardless if all schools are exempt from verification. Report schools or institutions operating the NSLP and/or School Breakfast Program (SBP) and students with access to the NSLP and/or SBP as of the **last operating day in October.**

**1-1A & B:** TOTAL number of schools (not including RCCIs) operating the NSLP and/or SBP and the TOTAL number of enrolled students with access to the NSLP and/or SBP.

**1-2A & B:** TOTAL number of RCCIs operating the NSLP and/or SBP and the TOTAL number of enrolled students with access to the NSLP and/or SBP in RCCIs.

**1-2aA & 1-2aB:** Of the RCCIs reported in **1-2A**; enter the number of RCCIs with day students and only the day students with access to the NSLP and/or SBP in RCCIs (day students are those which are not institutionalized, and eligibility is determined individually by application or direct certification, as applicable).

**1-2bA & 1-2bB:** Of the RCCIs reported in **1-2A**; enter the number of RCCIs without day students and the TOTAL number of institutionalized students.

**NOTE**: The sum of the students reported in 1-2aB and 1-2bB will NOT equal the total in 1-2B.

**Section 2:**

All SFAs with some or all schools and/or RCCIs operating under an alternative provision must complete this section. For RCCIs operating an alternate provision, include both day and residential students. Report students with access to the NSLP and/or SBP as of the **last operating day in October**. 2-1 through 2-4 should be reported only if the school operates alternate provisions for both programs resulting in no collection of applications for the school. Schools operating Provision 2 for one program and collecting household applications for the other program should report applicable provision data in 2-5.

**2-1A & B:** BASE year is when certification procedures are conducted.

**2-2A & B:** NON-BASE year is when no certification procedures are conducted.

**2-2aB, 2-2bB:** Multiply the most recent base year FREE percentage by the enrollment reported in **2-2B** to determine **2-2aB**. Multiply the base year REDUCED PRICE percentage by the enrollment reported in **2-2B** to determine **2-2bB.**

**2-3A & B:** Number of schools operating the CEP and the number of enrolled students in the schools with access to the NSLP and/or SBP.

**2-4A & B:** Other alternatives include Provision 1 and universal meal service through census data or socioeconomic surveys.

**2-5A & B:** Enter the number of schools and/or RCCIs and students enrolled operating an alternate provision for **only SBP or only NSLP**. Include schools/RCCIs operating in both a base year and non-base year.

**Section 3:**

All SFAs must complete this section. If all schools and/or RCCIs in the SFA were not required to perform direct certification with Supplemental Nutrition Assistance Program (SNAP), then check box 3-1. Direct certification is the process by which the student is certified eligible based on documentation received directly from the applicable program (e.g. SNAP or Ohio Works First (OWF)). This process eliminates the need for the household to apply. Report students approved FREE eligible as of the **last operating day in October**.

**3-2B:** Include students directly certified with SNAP. If a student is directly certified with SNAP as well as with another program (e.g. OWF or homeless), include the student in this SNAP count (3-2B). Also include in this count any student in the SFA deemed eligible based on extended categorical eligibility via an eligible student in the primary household who has been directly certified with SNAP. DO NOT include SNAP letter method certifications in this SNAP count, report these in 3-4B below. (SNAP letter method certifications are when the family submits a letter from the SNAP agency to document receipt of SNAP benefits). This is no longer considered to be direct certification.

**3-3B:** Include students directly certified through programs other than SNAP. Include students in the SFA deemed eligible due to extended categorical eligibility via an eligible student in the primary household directly certified with OWF. DO NOT include SNAP students already reported in 3-2 or to be reported in 3-4 as certified categorically through SNAP letter method.

**3-4B:** Include ONLY students certified as categorically FREE eligible based on a letter submitted by family from the SNAP agency. Include students in the SFA deemed eligible due to extended categorical eligibility via an eligible student in the primary household certified as FREE categorically eligible with the letter method with SNAP.

**Section 4:**

All SFAs with schools and/or RCCIs collecting individual household applications must report this section, including schools and/or RCCIs in a Provision 2 base year. Report number of **applications (A)** approved as of **Oct. 1**. Report number of **students (B) as of the last operating day in October**.

**4-1A & B:** Number of **applications** approved free eligible based on documentation submitted on an application (i.e., case number for SNAP or OWF on an application) on file as of **Oct. 1** and the number of **students as of the last operating day in October** approved FREE eligible based on documentation submitted on an application (i.e., case number for SNAP or OWF on an application). *Include students in the SFA deemed eligible due to extended categorical eligibility via an eligible student in the primary household categorically FREE eligible with SNAP or OWF.*

**4-2A & B:** Number of **applications** approved FREE eligible based on income information submitted by the household on file as of **Oct. 1** and the number of **students as of the last operating day in October** approved FREE eligible based on income information submitted by the household.

**4-3A & B:** Number of **applications** approved REDUCED PRICE eligible based on income information submitted by the household on file as of **Oct. 1** and the number of **students as of last operating day in October** approved REDUCED PRICE eligible based on income information submitted by the household.

**T-1:** Enter the total number of students reported as FREE eligible. (3-2B) + (3-3B) + (3-4B) + (4-1B) + (4-2B) + (2-2aB, if applicable)

**T-2:** Enter the total number of students reported as REDUCED PRICE eligible. (4-3B) + (2-2bB, if applicable)

**Section 5**

If **ALL** schools and/or RCCIs in the SFA are exempt from verification activities, check box **5-1** and no further reporting is required in Section 5. Verification activities are NOT required for:

* Schools/RCCIs in which all children have been certified under direct certification procedures including children documented as eligible foster, migrant, runaway or homeless children;
* RCCIs which do not have day students;
* Schools electing the Community Eligibility Provision (CEP);
* Schools/RCCIs in which the Food and Nutrition Service (FNS) has approved universal meal service through census data or using socioeconomic surveys; e.g., special cash assistance claims based on economic statistics regarding per capita income (Puerto Rico and the Virgin Islands);
* Schools participating only in the Special Milk Program;
* Schools in which all children are served with no separate charge for food service and no special cash assistance is claimed, (i.e., non- pricing programs claiming only the paid rate of reimbursement);
* All schools are Provision 2 schools in a non-base year;
* Schools which do not have any free or reduced-price eligible students;
* Other FNS determined exemptions on a case-by-case basis.

**5-2:** Indicate whether verification was performed and completed by the deadline of November 15th. If verification was completed after the deadline, report the remainder of Section 5 as applicable.

**5-3:** If verification was completed, check the type of verification process used to comply with the requirements of 7 CFR 245.6a. PLEASE note the qualification requirements in 7 CFR 245.6a(d) must be met to use the two alternate sample sizes.

*• Standard*: Verify 3% or 3,000 of approved applications, whichever is less, selected from error-prone applications on file as of **Oct. 1**. If there are not enough error-prone applications, SFAs must select at random additional applications to complete sample size. *• Alternate one:* Verify 3% or 3,000, whichever is less, of all randomly selected approved applications on file as of **Oct. 1**. *• Alternate two:* Verify the lesser of 1% or 1,000 approved applications as of **Oct. 1** selected from error prone applications PLUS the lesser of one-half of one percent or 500 applications approved as of **Oct. 1** that provided a case number in lieu of income.

**5-4:** Error-prone applications are household applications approved as of **Oct. 1** indicating monthly income within $100 of the monthly limit or annual income within $1,200 of the annual limit of the applicable income eligibility guidelines.

**5-5:** Enter the total number of applications initially selected for the verification process as indicated in 5-3.

**5-6:** Check if direct verification was not conducted in the SFA (not one school in the SFA conducted direct verification). Direct verification is using records from public agencies to verify income and/or program participation.

**5-7A & B:** Only report applications and students if free and/or reduced-price eligibility is confirmed through direct verification. Report applications and students not directly verified in the appropriate category in 5-8.

**5-8:** For the purposes of this report verification is complete for: households whose eligibility does not change as of the date of the confirmation of eligibility by a reviewing official; households which do not appeal a change in eligibility as of the first operating day following the last date for filing an appeal in response to a notice of change in eligibility and; households which appeal a change in eligibility as of the first operating day following a decision by the hearing official.

**Responded:** The household provided adequate documentation. This includes verbal or written notification that the household declines benefits.

**NOT Responded:** The household did not provide adequate documentation, or the household did not provide a response.

**A1, B1, & C1:** Number of applications with no change and the number of students on these applications.

**A2 & B2:** Number of applications changed to reduced-price based on sufficient documentation provided by the household and the number of students on the applications.

**C2:** Number of applications changed to free based on sufficient documentation provided by the household and the number of students on the applications. **A3, B3, & C3:** Number of applications for which the eligibility was changed to PAID based on sufficient documentation by the household and the number of students on the applications.

**A4, B4, & C4:** Number of applications for which the eligibility was changed to PAID because documentation necessary to complete the verification process was NOT provided and the number of students on the applications. The number of applications reported in 5-8 should include both the results of verification from verification process and the results from any applications verified for cause reported in VC-1.

**VC-1:** If applicable in at least one school and/or RCCI, report all applications verified for cause outside of the verification process (7 CFR 245.6a) as of November 15. Applications verified for cause are NOT considered part of the required sample size. **Include the results of verification for cause by original benefit type in the appropriate category in 5-8.**







