

**Verification Tracker**

**Attach to top of each application for Verification**

**Student/Family Name:** \_\_\_\_\_ **Application Number:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

Date of Second Party Review: \_\_\_\_\_ Second Party Reviewer Signature \_\_\_\_\_

Date Verification Notice Sent: \_\_\_\_\_ Date Response Due from Household: \_\_\_\_\_

Date Second Notice Sent (or N/A): \_\_\_\_\_ Date Documentation is Received from Household: \_\_\_\_\_

Number of Students on Application: \_\_\_\_\_ Total Number of People in the Household: \_\_\_\_\_

**Original Approval**

- Free Eligible based on SNAP/TANF/FDPIR benefits
- Free Eligible based on Foster Child status
- Free Eligible Based on Income/Household Size Information
- Reduced Price Eligible

**Document calculations/conversations with the household/notes in the space below:**

**Verification Results**

- |   |  |
|---|--|
| <input type="checkbox"/> No Change  | <input type="checkbox"/> Reduced Price Eligible Based on Income/Household Size Information         |
| <input type="checkbox"/> Free Eligible Based on SNAP/FDPIR benefits               | <input type="checkbox"/> Paid Based on Income/Household Size Information or no SNAP/FDPIR benefits |
| <input type="checkbox"/> Free Eligible based on Foster Child status               | <input type="checkbox"/> Paid as Household Did Not Respond   |
| <input type="checkbox"/> Free Eligible Based on Income/Household Size Information |  |

Date the Notice of findings letter was sent (Attachment 6): \_\_\_\_\_

Date Change was made (10 days adverse action if needed): \_\_\_\_\_

Verifying official's signature: \_\_\_\_\_

**If Hearing is Requested:** Date Hearing Requested: \_\_\_\_\_

Hearing decision date: \_\_\_\_\_

Date Verification Complete: \_\_\_\_\_

Hearing Official's Signature: \_\_\_\_\_

**Reapplied With Documentation Results (show calculations below):**

Date documentation is Received from Household: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Denied Based on Income/Household size Information | <input type="checkbox"/> Free Eligible based on Income/Household size information |
| <input type="checkbox"/> Free Eligible based on SNAP/FDPIR benefits        | <input type="checkbox"/> Reduced Price Eligible                                   |
| <input type="checkbox"/> Free Eligible based on Foster Child status        |   |

Date of Re-approval: \_\_\_\_\_ Determining Official Signature: \_\_\_\_\_