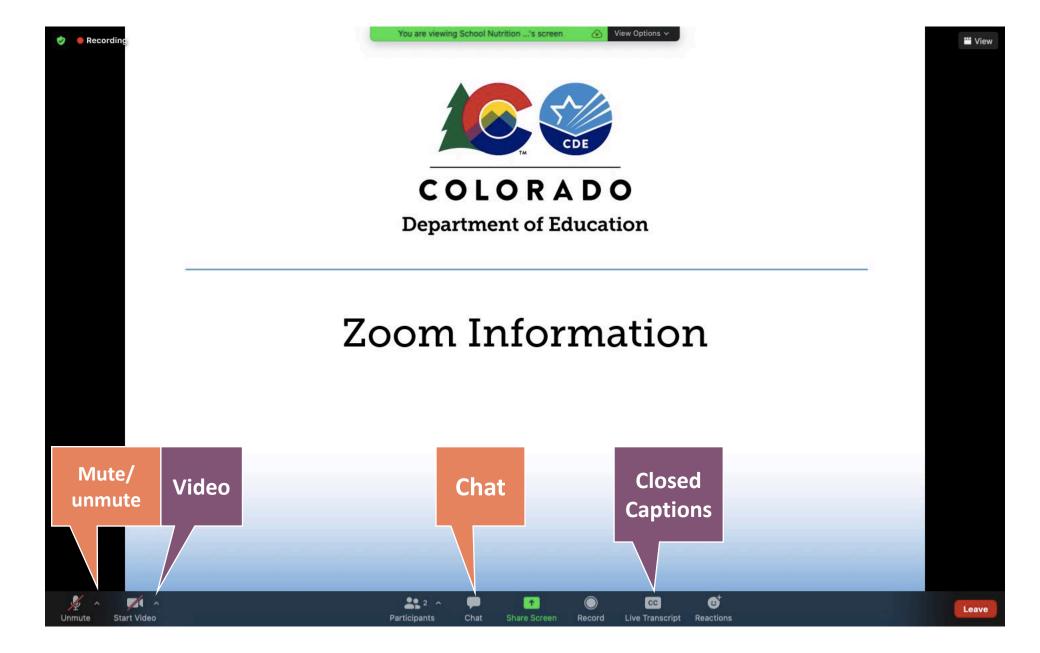


Income Verification Webinar

How to verify information on free and reduced-price meal applications.











CDE School Nutrition

Vision

Nourish young bodies and minds. End childhood hunger.

Mission

We support the child nutrition community through innovation, training, and partnerships to ensure all youth have access to healthy meals.



Non-Discrimination Statement

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.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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) 256-1655 or (202) 690-7442; or

3. **email:**

program.intake@usda.gov.

CDE



Conditions for Success

Be present + engaged Participate in discussion Actively listen Mute your microphone when you're not talking Bring a positive attitude and be ready to share Be respectful, inclusive and open minded





Learning Objectives

By the end of this training, sponsors will be able to:

- 1. Describe program requirements for:
 - A. Verification for Cause
 - B. Due dates
 - C. Calculating sample size
 - D. Verification collection report
- 2. Accurately identify complete income documentation
- 3. Utilize the verification tracker to ensure accuracy and compliance
- 4. Use customer service skills to help families respond to verification

Professional Standards Learning Objectives and Topic Code: Free and Reduced-Price Meal Benefits – 3100 (1 hours)





Verification - What is it?









The Annual Required Process

Annual Requirement: Confirmation of eligibility for free or reduced-price school meals based on an application

If processing free and reduced-price school meal applications, verification must be conducted every year

Ongoing: Conduct verification for cause throughout the school year for questionable applications



Verification for Cause

- Ability to verify any questionable application at any time during the school year
- Must first approve the application at face value
- Follow the same process as annual verification
- Examples of questionable applications:
 - Report of fraud
 - Cannot directly certify a case number application
 - Outside knowledge/questionable information on the application





Verification Timeline

 $\begin{array}{c} 1 \\ \hline \end{array} \longrightarrow \begin{array}{c} 2 \\ \hline \end{array} \longrightarrow \begin{array}{c} 4 \\ \hline \end{array}$

Starting October 1

- Count all current year approved applications
- Calculate Sample
 Size

Oct - November

- Count students by required categories (as of 10/31)
- Follow-up attempts

By November 15

- All verification activities must be completed
- Send adverse action letters

By February 1

 Must complete and submit
 Verification Report (VCR, FNS-742) in the Portal



^{*}Verification for cause may occur at any time in the year.

Verification Process

- 1. Count all approved free and reduced applications as of October 1st
- 2. Calculate Sample Size and pull sample
- Conduct confirmation reviews
 - a. Replace applications (if necessary)
- **4. Notify households** between Oct 1 Nov 15
 - a. Follow-up attempts
- 5. Review submitted documentation as received
- 6. Send results to households and update student statuses on Nov 15
- 7. Complete the Verification Collection Report (VCR, FNS-742) by Feb 2





Counting Applications and Calculating Sample Size







Count of Applications-create the Sample Pool

The Sample Pool should include applications that were determined free and reduced using:

- Income eligibility OR
- the family had marked that they receive assistance under SNAP, FDPIR, or TANF on the application and they weren't found in the dc system OR
- the child is marked Other Source Categorically Eligible- including Migrant, Homeless, Runaway, Foster or Head Start and not confirmed by a liaison

Review a complete list of applications *not to include* in sample pool in the <u>Eligibility Manual</u> on page 96.

F

Count of Applications continued

Count the total number of approved applications on file as of October 1. Keep record of:

- # of free categorical applications
- # of free income applications
- # of reduced applications

Optional: Rolling Verification

- Sponsors may start verification activities once they begin the application approval process for the current school year
- Conducting verification on a rolling basis (e.g. weekly or monthly)
- o Memo available Here



Count...or not to Count...

- Q. My school uses FEDS forms, do I count them?
- A. No, a FEDS form is not an application and is not used for school nutrition purposes. You would not include any FEDS forms in your Verification activities.
- Q. My school uses a combo form, do I count it?
- A. If the combo form was used to determine a student's eligibility for meals at a non-CEP, you would count the form and include it in the verification process. If the form was used ONLY for income information at a CEP school, you would NOT count the form or include it in the verification process.
- Q. Student is directly certified prior to Oct. 1 and on an application?
 - A. Do not count the application





More Counting Scenarios

- Q. Student is on an application, but his sibling is directly certified prior to Oct. 1?
 - A. This student should be extended eligible; do not count the application
- Q. Student is on a foster only application?
- A. Unless this student is on a foster list from the county, this application must be counted
- Q. What if the application has some students approved based on income and other students are other source categorically eligible?
 - A. Count the application

厚

Selecting the Sample

Calculating the sample

Standard Sample is 3% of approved applications selected from *error-prone first*

Number in Sample Pool x 3% (.03) = Sample Size

Example: 135 applications in the Sample Pool x 3% (.03) = 4.05 or 5 Applications to sample

When calculating your sample size, ALWAYS ROUND UP

Optional: Alternative Sample Sizes*

- 1. Alternate 1: 3% of approved applications selected at random
- 2. Alternate 2: 1% of approved applications selected from error prone first and .5% selected from case number/foster only applications (categorical applications)

*Must obtain approval from School Nutrition to use an alternate sample size





Poll 1



Selecting the Sample continued

 Error prone application: any income application that is close to the thresholds of the income eligibility guidelines (IEGs)

Frequency	Threshold for Error Prone
Yearly	EP = Apps with income within \$1,200 of the yearly IEGs
Monthly	EP = Apps with income within \$100 of the monthly IEGs
Twice per Month	EP = Apps with income within \$50 of the twice per month IEGs
Every 2 Weeks	EP = Apps with income within \$44 of the every 2 weeks IEGs
Weekly	EP = Apps with income within \$24 of the weekly IEGs

Non-error prone: all other applications, including income and categorical





Error Prone Chart

Download the Error Prone Chart Here

Error-Prone Chart for FREE Eligibility Applications July 1, 2023 - June 30, 2024

How Often Income Was Received

Family	Yearly Error-Prone			Monthly Error-Prone		Twice Per Month			Every Other Week Error-Prone			Weekly	r-Prone		
Size						Error-Prone		Weekly Error-Prone							
1	\$17,754	to	\$18,954	\$1,480	to	\$1,580	\$740	to	\$790	\$685	to	\$729	\$341	to	\$365
2	\$24,436	to	\$25,636	\$2,037	to	\$2,137	\$1,019	to	\$1,069	\$942	to	\$986	\$469	to	\$493
3	\$31,118	to	\$32,318	\$2,594	to	\$2,694	\$1,297	to	\$1,347	\$1,199	to	\$1,243	\$598	to	\$622
4	\$37,800	to	\$39,000	\$3,150	to	\$3,250	\$1,575	to	\$1,625	\$1,456	to	\$1,500	\$726	to	\$750
5	\$44,482	to	\$45,682	\$3,707	to	\$3,807	\$1,854	to	\$1,904	\$1,713	to	\$1,757	\$855	to	\$879
6	\$51,164	to	\$52,364	\$4,264	to	\$4,364	\$2,132	to	\$2,182	\$1,970	to	\$2,014	\$983	to	\$1,007
7	\$57,846	to	\$59,046	\$4,821	to	\$4,921	\$2,411	to	\$2,461	\$2,227	to	\$2,271	\$1,112	to	\$1,136
8	\$64,528	to	\$65,728	\$5,378	to	\$5,478	\$2,689	to	\$2,739	\$2,484	to	\$2,528	\$1,240	to	\$1,264

Error-prone Chart for *REDUCED* Eligibility Applications July 1, 2023 - June 30, 2024

How Often Income Was Received

Family Size	Yearly Error-Prone			Monthly Error-Prone			Twice Per Month Error-Prone			Every Other Week Error-Prone			Weekly Error-Prone		
5,20									0110	2.1.5. 1.16116					
1	\$25,773	to	\$26,973	\$2,148	to	\$2,248	\$1,074	to	\$1,124	\$994	to	\$1,038	\$495	to	\$519
2	\$35,282	to	\$36,482	\$2,941	to	\$3,041	\$1,471	to	\$1,521	\$1,360	to	\$1,404	\$678	to	\$702
3	\$44,791	to	\$45,991	\$3,733	to	\$3,833	\$1,867	to	\$1,917	\$1,725	to	\$1,769	\$861	to	\$885
4	\$54,300	to	\$55,500	\$4,525	to	\$4,625	\$2,263	to	\$2,313	\$2,091	to	\$2,135	\$1,044	to	\$1,068
5	\$63,809	to	\$65,009	\$5,318	to	\$5,418	\$2,659	to	\$2,709	\$2,457	to	\$2,501	\$1,227	to	\$1,251
6	\$73,318	to	\$74,518	\$6,110	to	\$6,210	\$3,055	to	\$3,105	\$2,823	to	\$2,867	\$1,410	to	\$1,434
7	\$82,827	to	\$84,027	\$6,903	to	\$7,003	\$3,452	to	\$3,502	\$3,188	to	\$3,232	\$1,592	to	\$1,616
8	\$92,336	to	\$93,536	\$7,695	to	\$7,795	\$3,848	to	\$3,898	\$3,554	to	\$3,598	\$1,775	to	\$1,799



Poll 2

Error-Prone Chart for FREE Eligibility Applications July 1, 2023 - June 30, 2024

How Often Income Was Received

Family Size	Yearly Error-Prone			Monthly Error-Prone		Twice Per Month Error-Prone			Every Other Week Error-Prone			Weekly Error-Prone			
1	\$17,754	to	\$18,954	\$1,480	to	\$1,580	\$740	to	\$790	\$685	to	\$729	\$341	to	\$365
2	\$24,436	to	\$25,636	\$2,037	to	\$2,137	\$1,019	to	\$1,069	\$942	to	\$986	\$469	to	\$493
3	\$31,118	to	\$32,318	\$2,594	to	\$2,694	\$1,297	to	\$1,347	\$1,199	to	\$1,243	\$598	to	\$622
4	\$37,800	to	\$39,000	\$3,150	to	\$3,250	\$1,575	to	\$1,625	\$1,456	to	\$1,500	\$726	to	\$750
5	\$44,482	to	\$45,682	\$3,707	to	\$3,807	\$1,854	to	\$1,904	\$1,713	to	\$1,757	\$855	to	\$879
6	\$51,164	to	\$52,364	\$4,264	to	\$4,364	\$2,132	to	\$2,182	\$1,970	to	\$2,014	\$983	to	\$1,007
7	\$57,846	to	\$59,046	\$4,821	to	\$4,921	\$2,411	to	\$2,461	\$2,227	to	\$2,271	\$1,112	to	\$1,136
8	\$64,528	to	\$65,728	\$5,378	to	\$5,478	\$2,689	to	\$2,739	\$2,484	to	\$2,528	\$1,240	to	\$1,264

Error-prone Chart for *REDUCED* Eligibility Applications July 1, 2023 - June 30, 2024

How Often Income Was Received

Family Size	Yearly Error-Prone			Monthly Error-Prone		Twice Per Month Error-Prone			Every Other Week Error-Prone			Weekly Error-Prone			
1	\$25,773	to	\$26,973	\$2,148	to	\$2,248	\$1,074	to	\$1,124	\$994	to	\$1,038	\$495	to	\$519
2	\$35,282	to	\$36,482	\$2,941	to	\$3,041	\$1,471	to	\$1,521	\$1,360	to	\$1,404	\$678	to	\$702
3	\$44,791	to	\$45,991	\$3,733	to	\$3,833	\$1,867	to	\$1,917	\$1,725	to	\$1,769	\$861	to	\$885
4	\$54,300	to	\$55,500	\$4,525	to	\$4,625	\$2,263	to	\$2,313	\$2,091	to	\$2,135	\$1,044	to	\$1,068
5	\$63,809	to	\$65,009	\$5,318	to	\$5,418	\$2,659	to	\$2,709	\$2,457	to	\$2,501	\$1,227	to	\$1,251
6	\$73,318	to	\$74,518	\$6,110	to	\$6,210	\$3,055	to	\$3,105	\$2,823	to	\$2,867	\$1,410	to	\$1,434
7	\$82,827	to	\$84,027	\$6,903	to	\$7,003	\$3,452	to	\$3,502	\$3,188	to	\$3,232	\$1,592	to	\$1,616
8	\$92,336	to	\$93,536	\$7,695	to	\$7,795	\$3,848	to	\$3,898	\$3,554	to	\$3,598	\$1,775	to	\$1,799



Choosing Applications

Choosing applications for sample

- Choose error-prone at random first
- Choose any more applications needed AT RANDOM to complete sample.

Replacing Applications

- Applications that are determined would not be able to respond to requests for documentation may be replaced.
- Up to 5 % of the chosen applications may be replaced

Applications found on to be directly certified after selection do not need to be replaced.



Calculation Example

- 1. On October 1 District B counted 123 applications and made note of how many were free income, reduced income and categorical for their records
- 2. During application processing, they identified 3 applications as error prone
- 3. They have chosen to use the standard sample size: 3%
- 4. To determine their sample size, they will multiply 123 by 3% (.03) = 3.69. Rounding up- 4 applications must be selected for the sample
- 5. They'll select error prone applications first to meet the sample size, so all three of the identified error prone applications will be included in the sample
- 6. Then they'll select the remaining 1 application at random from the non-error prone applications
- 7. They determine that all 4 applications chosen should be able to respond so no replacement is necessary
- 8. These 4 applications will be the ones that they reach out to for more information



Recap

1. Count

- Include applications determined using:
 - Income eligibility
 - SNAP, FDPIR, or TANF on the app and not found on the DC list OR
 - Other Source Categorically Eligible- and not confirmed by liaison

2. Identify errorprone

- Use the error-prone chart if manually tagging error-prone
- Ensure software has accurate error-prone thresholds

3. Calculate sample size

- Always round up
- Ensure
 software
 calculates
 correct
 sample size –
 cannot
 inflate

4. Choose applications

- Choose error prone first
- Determine any replacement s needed



F

Process Review

- 1. Count all approved free and reduced applications as of October 1st
- 2. Calculate Sample Size
- 3. Conduct confirmation reviews
 - 1. Replace applications (if necessary)
- 4. Notify households
 - 1. Follow-up attempts
- 5. Review submitted documentation
- 6. Send results to households and update student statuses
- 7. Complete the Verification Collection Report (VCR, FNS-742)
 - *Document all verification activities on the verification tracker*



Notifying Households and Reviewing Income Documentation



Student/Family Name:		Application Numb	oer:	School Year:				
Date Verification Notice	Sent:	Date Response Due from Household:						
Date Second Notice Se	nt (or N/A):	_ Date Documentation	on is Received from I	Household:				
Number of Students on	Application:	Total Num	ber of People in the I	Household:				
Original Approval								
Free Eligible based	on SNAP/FDPIR benefits	6						
Free Eligible based	on Foster Child status							
Free Eligible Based	on Income/Household Si	ize Information						
Reduced Price Eligi	ble							
Document calculation	s/conversations with th	e household/notes	in the space below	:				
Verification Results								
No Change		4	Reduced Price Elig					
Free Eligible Based	on SNAP/FDPIR benefits	s	Income/Household	Size Information				
Free Eligible based	on Foster Child status	-	Paid Based on Inco or no SNAP/FDPIR	me/Household Size Information				
Free Eligible Based Information	on Income/Household Si	ize	Paid as Household	Did Not Respond				
ate the Notice of findings	letter was sent (Attachme	ent 6):						
ate Change was made (1	0 days adverse action if r	needed):						
erifying official's signature	9:							
Hearing is Requested:	Date Hearing Requeste	d:						
	Hearing decision date:_							
	Date Verification Compl							
	Hearing Official's Signal							
Reapplied With Documen	tation Results (show ca	alculations below):						
ate documentation is Rec	eived from Household		_					
Denied Based on In Information	come/Household size		Free Eligible based information	on Income/Household size				
Free Eligible based	on SNAP/FDPIR benefits	· □	Reduced Price Elig	ible				
	on Foster Child status							



Document Confirmation Review



Record Date Verification Notice was Sent



Document Follow-Up
Attempts



Record Submitted
Documentation Calculations



Document Verification Results and Date Results Letter was Sent





	Attach to top of each a Application Number:	sehold: 12-5-14	
VE	Free Eligible Based on Income/Household Size Information Reduced Price Eligible Document calculations/conversations with the household/notes in the space below: Yerification Results No Change Free Eligible Based on SNAP/FDPIR benefits Free Eligible based on Foster Child status Paid Based on Income/Household Size Paid as Household Did 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:	e Based on ree Information energits usen to the Respond IHIs to th	The state of the s
	Hearing decision date: Date Verification Complete: Verifying Official's Signature: Reapplied With Documentation Results (show calculations below): Date documentation is Received from Household: Denied Based on Income/Household size Information Free Eligible based on SNAP/FDPIR benefits Reduced Price Eligible Date of Re-approval: Determining Official Signature:		A Company of the Comp



Confirmation Review

- Conducted by a different individual than made the initial review.
- If changes in eligibility result in a change to Paid status, a new application should be selected for the sample.
- Documented with signature and date of review.
- *Confirmation review may be waived with CDE permission if software system is approved*

Verification material should be provided in appropriate languages for families to adequately respond.





Household Notifications

- Use School Nutrition and/or USDA templates Available <u>here</u>
 - Make notifications bright, easy to read and welcoming
 - Clarify what is required and acceptable documentation
 - Emphasize it is a required process and households are chosen at random
- Send notifications early
 - Send initial notifications in English and Spanish if appropriate
 - Run a direct certification upload of selected households prior to sending notifications
 - Postal mail or email



Notification Letter Template

[Insert District Letterhead] Verification of Free and Reduced-Price School Meal Eligibility

Your Free and Re require that the a meal benefits.		•	,	,	

School:

As a reminder, (Name of School/District) participates in the Healthy School Meals for All program where all (Breakfast, Lunch, or Breakfast and Lunch) are offered to students at no cost. This documentation is required as (Name of School/District) must track student eligibility for state and federal funding purposes.

What is verification?

Every year, [Insert district name] is required to randomly select a small percentage of free and reducedprice school meal applications for a process called verification. The free and reduced-price school meal applications selected for verification will require a response from the household to verify the information provided on the application.

What does this mean for me?

Your application has been selected to review additional information about your reported household income or your reported participation in applicable assistance programs.

For questions, contact [verifying official's name, SFA toll-free phone number] by [date].

Please complete these steps, described on the following pages:

- 1. Gather required documentation, including:
 - a. Income documentation OR

Student's Name

- b. Assistance program documentation
- 2. Complete the Household Members Form
- Return documentation and completed Household Members Form to your school district by the required date.

Any information provided will remain confidential and is not reported outside of the school.



Date:



Follow-up Attempts

- Before November 15th, at least one additional attempt to obtain necessary verification information is required
- Follow-up if household does not respond or submits insufficient documentation
- May be via phone, mail, text, or email
 - Recommend follow-up is done by phone
- Must be documented on the verification tracker





Submitted Documentation

- Ensure all required documents are submitted
 - Household members form
 - Proof of income or enrollment in qualifying assistance programs
- Ensure information is current
 - Month prior to submission of application and up until time of verification
- Documentation must include:
 - Name of household member
 - Gross income received and/or assistance program documentation
 - Acceptable date range





Household Members Form

Household Members Form

If you do not receive SNAP, TANF or FDPIR benefits, this form must be returned to the school district.

1. Write the name of each household member below and indicate whether or not they have income.

Name	Yes, this person has income	No, this person does not have income

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



Household Members Form

- Helps provide a clear picture of current household composition
- Acceptable if household composition is different than initial application
 - Will need to clarify with household and document all communication
 - If a member has lost employment, a written letter from household or employer documentation of loss of employment *should* be provided or verbally confirmed by household
- Must be submitted for each household with income documentation





Employment

- Pay stubs, letter from employer or statement of earnings signed by employer
 - Must include name, date, frequency, gross amount and pay date
 - Self-employed or farming income is calculated as net income
- Determine eligibility status as if processing an application
 - Compare household income and size to the IEGs
- Document calculations on verification tracker and any changes in status





Income to Report

Alimony and Child Support

Earnings from Work

Salary/Wages
Tips/Commissions
Self-Employment Income

Supplemental Security Income
Cash Assistance from State/Local
Government
Housing Subsidies

Public Assistance

Retirement Income

Social Security Retirement or Survivor's Benefits

Railroad Retirement or Black Lung Benefits

Pension Income/Retirement Income

Basic Pay/Drill Pay

Military Cash Bonuses

Off-Base Housing Allowances

Allowances for Food/Clothing

Earnings from U.S. Military

Unemployment and Disability **Unemployment Benefits**

Worker's Compensation

Strike Benefits

Social Security Disability Insurance

Veteran's Benefits

Rental Income

Interest/Investment Income/Annuities

Any regularly received monies that can be used to pay for school meals

All Other Income

Child Income Full/Part Time Job

SSI/Disability Income

SSI of disabled, retired or deceased parent

Regularly Received Monies

Pension, Annuity or Trust



Income Documentation

Calculate average total for multiple paystubs

Average will be associated to the frequency received

Can accept one paystub if confirmed the average gross amount is regularly received

Tax return documentation can be used

Calculate gross income received for the year (net income for self-employed)

All regularly received income MUST be reported, whether it is federally recognized or not.



Statement of Earnings (To be completed only by employer if applicable)

ELOAN

A Corporation 1234 Main Street C

EMPLOYEE NO. 587846

EARNINGS HOL

SALARY PAY

CURRENT **AMOUNT** \$900.00

This statement is to confirm that Ray Buny um received the following amount of (Name of Employee)

gross income before deductions for taxes, social security insurance, etc. \$ 900.00

- () weekly
- () every two weeks
- twice a month
- () monthly
- () other

Please state the date of the paycheck listed above July 12, 2018.

Signature of Employer Swiss Poll & Co Name of Company/Employer

123 A Lane Address of Employment 81234 Zip Code

Cherry Hills CA

123.456.7890 Telephone Number

tatement

RIOD END **CHECK DATE** 7/15/17 07/16/17

YEAR TO DATE

\$117.45 \$502.20 \$912.69 \$113.31 \$81.00

YTD NET PAY CHECK NO. \$6,373.35 26964

040 (2019)







Assistance Program Records

- Benefit programs:
 - Letter from appropriate agency
- Assistance Programs (SNAP/TANF/FDPIR)
 - Certification notice showing current dates
- Foster
 - Documentation verifying the child is under the legal custody of the agency,
 state or court
- Other OSCE (Homeless/migrant/runaway/Head Start)
 - o District liaisons can provide documentation



Special Situations

Seasonal workers: use annual income

Zero income: Signed statement explaining how food, clothing, and housing is provided and when income is expected

Child support: court decree, child support registry, copies of checks received

Military Housing
Privatization Initiative: letter
or rental contract showing
housing is part of the
Military Housing
Privatization Initiative

Collateral Contacts





Complete Verification Responses

 $\begin{array}{c} 1 \\ \hline \end{array} \longrightarrow \begin{array}{c} 2 \\ \hline \end{array} \longrightarrow \begin{array}{c} 3 \\ \hline \end{array} \longrightarrow \begin{array}{c} 4 \\ \hline \end{array}$

Submitted documentation supports, increases or does not support eligibility, and results letter is sent

Household becomes directly certified and notification is sent

Household indicates
that they no longer
wish to receive
benefits, and letter
of adverse action is
sent

Household *does not* respond by November 15, and letter of adverse action is sent

Households can reapply at any time during year but must provide income documentation





Update Benefits and Send Results

- Increase in benefit implemented within 3 operating days
- Decrease in benefits must be implemented after 10 calendar days
- Letters of adverse action must be sent to households that did not properly respond, had a reduction in benefits or did not respond at all by November 15
 - 010 calendar days' benefits are decreasing
 - Reason for the change
 - Olnstructions on how to appeal
 - Household can reapply at any time during the school year





Recap – Processes after Sample is Selected

Applications Identified

- Replace applications if applicable
- Conduct confirmationn reviews

Notify Families

- Provide timeline for responses
- Provide materials in appropriate languages

Complete Follow-Up Attempts

Contact
 households
 that have
 not
 responded
 before the
 Nov. 15th
 deadline

Review Responses

- Process provided documentat ion
- Send results letter



Verification Collection Report (VCR)

- Completed in the Colorado Nutrition Portal
- Contains data from the application count, student count, and verification results
- Due February 1, 2023
 - Any corrections must be completed by this date
- Detailed instructions will be provided along with a live webinar



Verification Process

- 1. Count all approved free and reduced applications as of October 1st
- 2. Calculate Sample Size
- Conduct confirmation reviews
 - 1. Replace applications (if necessary)
- 4. Notify households
 - 1. Follow-up attempts
- 5. Review submitted documentation
- 6. Send results to households and update student statuses
- 7. Complete the Verification Collection Report (VCR, FNS-742)





Best Practices



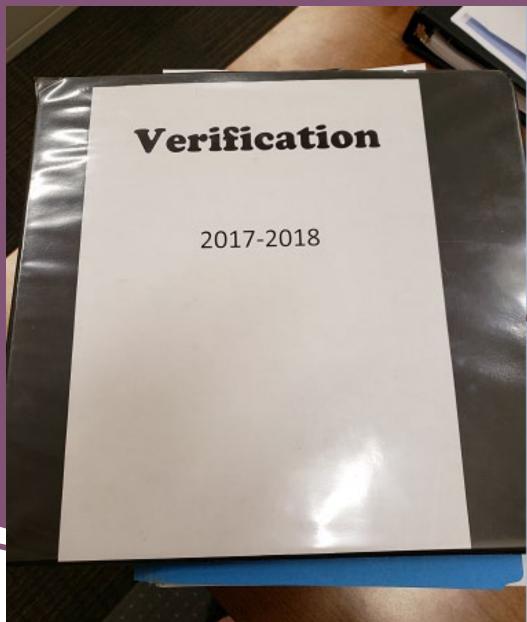


Verification Tracker

Verification Tracker Attach to top of each applic	cation for Verification
Student/Family Name: Rayden Smith Application Number: 742 School	Year: 2017-2018
Date of Second Party Review: October 2, 2017 Second Party Reviewer Signature 6 J.J.	
ate Verification Notice Sent: October 3, 2017 Date Response Due from Household: November 5.	2017
Date Second Notice Sent (or N/A): 10/26/17 Date Documentation is received from Household	d:
Number of Students on Application: Total Number of People in the Househo	old:
Original Approval	
→ Free Eligible based on SNAP/FDPIR benefits	0. 0
- Free Eligible based on Foster Child status	0- 0
Free Eligible Based on Income/Household Size Information	1+500+ ×
- Reduced Price Eligible	Bi-Weekly
Document calculations/convernations with the household/notes in the space below:	10000000
Household of 5	a
	12.49 4
Verification Results ☐ No Change ☐ Reduced Price Eligible Income/Household Size	Bi 2x Monthly
	to be before the contract of the
Free Eligible Based on SNAP/FDPIR benefits Paid Based on Income or no SNAP/FDPIR be	net a1+500-00 t
Free Eligible based on Foster Child status	IN Searly &
Free Eligible Based on Income/Household Size Paid as Household Dis	J 0- c
Date the Notice of findings letter was sent (Attachment 6): 11 3 17	
and the state of t	
Verifying official's signature: Jenuse M. Wagner	
If Hearing is requested: Date Hearing Requested:	
Hearing decision date:	
Date Verification Complete:	
Hearing Official's Signature:	
Hearing Chicker (show calculations below):	
Reapplied with Documentation Results (show calculations below):	u
Date documentation is received from Household: ———————————————————————————————————	ed on Incon e/Household size
Denied Based on Income/Household size information	N-thio
Information Reduced Price E	ingroie
Free Eligible based on Status	CARLES AND DESCRIPTION OF THE PARTY OF THE P
Free Eligible based on Foster Child status	me Calculation fo
TITCO	The Calculation 10
Date of Re-approval: Determining Official Signature: M1111	iple Frequencies
Mull	The Heduelicies







Verification Tracker		Attach to top of	each application for Verification
Student/Family Name:	Application Number		_ School Year: \7-18
Posts of Second Party Review 16	Second Party Revie	wer Signature	n /a
Date Verification Notice Sent: (2/4)	Date Response Due	from Household	11/1/17
Date Second Notice Sent (or N/A): 10 / 19/	Date Documentation	n is Received from	m Household: 103117
Number of Students on Application	A CONTRACTOR OF THE CONTRACTOR	er of People in th	
Original Approval			
→□ Free Eligible based on SNAP/FDPIR bo	enefits		
→☐ Free Eligible based on Foster Child stat			
Free Eligible Based on Income/Househ			
→ Reduced Price Eligible			
Document calculations/conversations w	ith the household/notes	in the space bel	ow:
789 every two wee	WS, 513.551	monthly	1 = 26 670
10,00			
<u>Verification Results</u>			
No Change	-0		Eligible Based on old Size Information
Free Eligible Based on SNAP/FDPIR b	enetts		Income/Household Size Information
Free Eligible based on Foster Child sta	tus	or no SNAP/FD	PIR benefits
Free Eligible Based on Income/Househ Information	nold Size	Paid as Housel	hold Did Not Respond
Date the Notice of findings letter was sent (All	achment 6) 10 · 31	17	
Date Change was made (10 days adverse act	ion if needed): n/a		
	~ Cin		
f Hearing is Requested: Date Hearing Rec	acted:		
Hearing decision			
Date Verification (
Hearing Official's			
Reapplied With Documentation Results (should be a second from Househ	old:	2	
		Free Eligible I	based on Income/Household size
Denied Based on Income/Household s Information	120	information	
Free Eligible based on SNAP/FDPIR to	enefits <	Reduced Pric	e Eligible



Verification Organization

	Verification Summar	у	2017/2018				Apps	Students
					Free	No Change	7	13
	There were 1319 approved applications on file, COB, October 1, 2017. Multiplied by .03=40.			Reduced	No Change	4	8	
	Mealtime selected 3% of the error prone applications, at random. There were 111 error prone apps.			Free-Reduced Red-Free	Income Income	15 0	26 0	
	Initial letters were se	nitial letters were sent out October 3, 2017.		Free-Paid	Income	1	3	
	2nd notice letters were mailed Oct 22,2017 to anyone who had not responded.			Red-Paid	Income	6	10	
	Notice of termination letters were mailed Oct 26, 2017. Nonrespondents went to full paid on Nov 5,2017.					id Not Respon	4	9
	Application count: Free - 26, Reduced - 14				id Not Respon	4	10	
	Student Count: Free - 50, Reduced - 28					41	79	
			Status as of	of	status after	eff date of	Reason for	геарр &
	Last Name	First Name	1 Oct	Contacts Made	verification	change	change	changed
1			Reduced		Paid	11/5/2017	DNR	
2			Reduced	rcvd 10/30/17	Reduced	n/a	No Change	
			Reduced		Reduced	n/a	No Change	
3			Reduced		Paid	11/5/2017	DNR	
			Reduced		Paid	11/5/2017	DNR	
4			Free	rcvd 10/23/17	Reduced	11/2/2017	Income	
5			Free	cv/d 10/18/17, per mom, no income now. Submitted in writing 9th	free	n/a	No Change	
6			Free	rc/d 10/11/17	Reduced	10/21/2017	Income	
Ů			Free	10711717	reduced	10/21/2017	Income	
7			Free	rc/d 10/18/17	Reduced	10/28/2017	Income	
· '			Free	1CV U 10/10/17	Reduced	10/28/2017	Income	
_				and 40/00 47. Excelled as supplied a supplied as a supplie				
8			Free	rcvd 10/23-17. Emailed requesting current paystub forAdam	Reduced	11/2/2017	Income	
			Free	Feb 2017 is too old. Rcv'd 10/23/17	Reduced	11/2/2017	Income	
9			Reduced		Paid	11/5/2017	DNR	
			Reduced		Paid	11/5/2017	DNR	
10			Reduced	rcv'd 10/16/17, sent email requesting another paystub	Paid	11/5/2017	DNR	
			Reduced	**	Paid	11/5/2017	DNR	
			Reduced	•	Paid	11/5/2017	DNR	
			Reduced	••	Paid	11/5/2017	DNR	
			Reduced	••	Paid	11/5/2017	DNR	
11			Free	rcvd 11/1/17	free	n/a	No Change	
			Free		free	n/a	No Change	
12			Free	rcvds 10/11/17, waiting on word from CDE on military pay	Reduced	10/29/2017	Income	
					Reduced	10/29/2017		
13			Free		free	N/A	No Change	
14			Free	rcvd 10/19/17	free	N/A	No Change	
15			Free	rcvd 10/23/17	Reduced	11/2/2017	Income	
			Free	rcvd 10/23/17	Reduced	11/2/2017	Income	
16			Free	rcvd 10/23/17	Reduced	11/2/2017	Income	
			Free	rcvd 10/23/17	Reduced	11/2/2017	Income	
17			Free	1010 10120111	Paid	11/5/2017	DNR	
"			Free		Paid	11/5/2017	DNR	
			Free		Paid	11/5/2017	DNR	
			Free		Paid	11/5/2017	DNR	
18				raide 10/11/17, waiting an word from CDE on military and				
18			Free	rcvds 10/11/17, waiting on word from CDE on military pay	reduced	10/29/2017	Income	
40			Free		Reduced	10/29/2017	Income	
19			Free	rcvd 10/23/17. emailed 10/24 asking for 1 more paystub for dad		11/4/2017	Income	
			Free	rovd 10/24/17	Reduced	11/4/2017	Income	





Increase Response Rate

- Send 2nd and 3rd follow up notices
 - Follow up by telephone
 - Use family engagement staff to help families with language barriers
- Explain process to families (i.e. selected at random, annual process, specific examples of acceptable documentation)
- Accept appointments for families to complete the process in person
- Keeps meticulous notes and documentation with the Verification Tracker



Verification Organization

- Mark error prone applications with sticky notes
 - Use the same sticky note to document income and change in status
- Contact verification household to explain notice being sent and the process
 - Use School Nutrition templates
 - Incorporate humor when appropriate (i.e. Congratulations! You have been selected...)
- Use sticky notes for follow up reminders and track due dates
- Keep verification tracker and associated documentation in a folder/binder





Questions?





Training Evaluation & Certificate

Click this link to complete a quick training evaluation

https://www.surveymonkey.com/r/638GQ9G

Certificates are no longer provided, please track your training activities using a Professional Standards tracker: https://www.cde.state.co.us/nutrition/training-and-hiring-requirements







Rachael Burnham

Burnham R@cde.state.co.us



Nell Dochez

Dochez N@cde.state.co.us





https://www.cde.state.co.us/nutrition

