Verification and Independent Review

ALABAMA DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS ANNUAL WEBINAR SY 2020-2021

Agenda

Verification

Independent Review

Verification Summary Report

Verification Guidance

Eligibility Manual for School Meals Determining and Verifying Eligibility July 18, 2017 is most current copy Section 6, Pages 96-117 Eligibility Manual for School Meals Determining and Verifying Eligibility





USDA Food and Nutrition Services Child Nutrition Programs

July 18, 2017

Independent Review



CRITERIA 1:

ALL LEAS WITH 3% OR MORE CERTIFICATION/BENEFIT ISSUANCE ERROR, AS DETERMINED BY THE STATE AGENCY DURING AN ADMINISTRATIVE REVIEW.

CRITERIA 2:

ALL LEAS IN THEIR FIRST YEAR OF OPERATION OF THE NATIONAL SCHOOL LUNCH PROGRAM.

Verification Summary Report

►<u>All</u> LEAs/Sponsors participating in NSLP must submit the Verification Summary report including

- Charter Schools,
- ► CEP districts,
- ►RCCIs,
- Public and Private Schools.
- Due date is January 23, 2021

School Year 2020-2021 Verification Deadlines

October 1

Begin the Verification Summary Report at <u>cnpforms.alsde.edu</u>

November 15

- Verification process <u>must be complete</u>.
- If verification is not completed by November 15, the SFA must request an extension in writing from the State Agency. The extension may be granted up to December 15.

January 23, 2021

Verification Summary report must be submitted.



\checkmark Verification

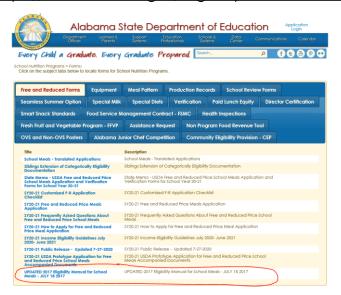
- * Eligibility Manual for School Meals
- * USDA Verification Tool Kit https://www.fns.usda.gov/schoolmeals/verification-toolkit

Sec of click while of the United States Downment, New York has you have v USDEA Food and Nutrition Service U.S. Denemment of Addiculture	CONTACT US REPORT FRAUD ASK THE EXPERT USDA.GOV
HOME DATA & RESEARCH GRANTS NEWSROOM OUR AGENCY PROGRAMS	٩
Eligibility Manual for School Meals	
KME	

Attached is the Eligibility Manual for School Meals. The manual provides comprehensive information on federal requirements, policide, and procedures, and is intended to help state agencies and local educational agencies accurately determine, certify, and verify children's eligibility for free and reduced price school meals and free milk.

17/05/2017
Document # SP36 CACFP15 SFSP11-2017
Resource Type Policy Memos
Resource Materials Transmittal Memo Eligibility Manual

https://www.fns.usda.gov/eligibility-manual-school-meals



What is Verification?



Confirmation of eligibility for free and reduced price school meals based on applications.



Only required when eligibility is determined through an application.

Is not required for eligibility through direct certification.

ΣŢ

Required annually by the USDA Reauthorization Act of 2004

Verification Must Include

Confirmation of income eligibility;

Whether the child or any household member is receiving assistance under SNAP, FDPIR, or TANF, by the child or any member of the household;

Or that the child is Other Source Categorically Eligible.

May also include confirmation of any other information required on the application, such as household size.

Verification is Not Required for...

- Children certified under direct certification procedures including migrant, runaway, homeless, foster, and Head Start children.
- For children in RCCIs except for nonresidential students attending the institution.
 - However, the Verification Summary report is required.
- Districts/facilities where all schools participate in Community Eligibility Program (CEP).
 - However, the Verification Summary report is required.

Verification is Not Required

- In schools where FNS has approved special cash assistance claims based on economic statistics regarding per capita income, such as in Puerto Rico and the Virgin Islands.
- In schools participating only in the SMP.
- In schools with non-pricing programs, which claim only the paid rate of reimbursement, where all children are served with no separate charge for food service and no special cash assistance is claimed.
- For other FNS exemptions determined on a case-by-case basis.

Key Verification Terms

- Direct Verification: Use of records from public agencies to verify children's eligibility for free and reduced price benefits.
- **Error Prone:** Applications within \$100 per month of the applicable IEGs.
- Random Sampling: A sampling process where each application has an equal chance of being selected. A statistically valid random sample is not required. The LEA must determine a selection interval by dividing the number of applications by the required sample size.
- **Sampling Pool:** The total number of applications approved as of October 1.
- Sample Size: The number of applications subject to verification. The minimum and maximum sample size is three percent of the total or 3,000 applications, whichever is less.

Verification "For Cause" Applications

The LEA has an obligation to verify all questionable applications as "for cause."

Any verification that is conducted "for cause"
is in addition to the sample size required.
> "For cause" applications are not entered in 5-5.

RULE FOR DEADLINES

If October 1 falls on a weekend, LEAs use the next operating day to establish the sample pool.

Establishing the Sample Size

Alabama's online application Verification Summary Report calculates the sample size for SFAs in line 5-3. The two sample sizes are:

- Standard Sample Size
- Alternate Sample Sizes—LEA must be on the Alternate Sample Size list
 - Alternate One
 - Alternate Two

Establishing the Sample Size

- When calculating the sample size, all fractions or decimals are rounded upward to the nearest whole number.
- The Sample Size must agree with 5-5 on the Verification Summary Report.
 - If using a point of sale system to establish sample size, the SFA must check to be sure the number of applications to be verified agrees with 5-5.
- The LEA may not have enough applications that meet the criterion for sample sizes based on error prone applications. When this happens, the LEA must select, using random sampling, additional approved applications to complete the required sample size

Qualifying to Use an Alternate Sample Size



Lowered Non-Response Rate--Any LEA may use an alternate sample size for any school year when its non-response rate for the preceding school year was less than 20 percent.



Improved Non-Response Rate --An LEA with more than 20,000 children approved by application as eligible, as of October 1 of the school year, may use an alternate sample size for any school year when its non-response rate for the preceding school year was at least 10 percent below the non-response rate for the second preceding school year.

Alternate Sample Size

The Alternate Sample Size list of LEAs that qualify is emailed after the Verification Webinar.

Post-Selection Procedures

Confirmation reviews

- Prior to any other verification activity, a determining official must review each approved application selected for verification to ensure the initial determination was accurate.
- Any LEA that conducts a confirmation review of all applications at the time of certification is not required to conduct confirmation reviews prior to verification.
- •The confirmation review must be done by an individual other than the individual who made the initial eligibility determination

Optional replacement of certain applications

- After completing the confirmation reviews, the LEA may, on a case-by-case basis, replace up to five percent of applications selected.
- Applications may be replaced when the LEA believes the household would be unable to satisfactorily respond to the verification request.

Post-Selection Procedures

- When an application is selected for verification and, prior to hearing back from the household in question, that household is found on a direct certification list, the application does not have to be replaced in the verification sample pool.
 - The application would be marked as a direct certification in the appropriate box in the Verification Summary Report.
 - 2. LEAs should include these applications in Field 5-5 (Number of applications selected for verification) and indicate the number of these applications that are being converted to direct certification in the comments portion.

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your child(ren) 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 [State SNAP], [State TANF] 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:



Household Notification of Selection Letter:

Household Notification of Selection Letter Must Include:

- An indication that the household was selected for verification.
- A modified Use of Information Statement as follows:
 - The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals.
- ▶ The full current USDA Nondiscrimination Statement.
- If a child is receiving benefits based on income, a list of the types of acceptable information that may be provided to confirm current income:
 - Pay stubs;
 - Award letters from assistance agencies for benefits such as Social Security or SSI;
 - Support payment decrees from courts.

Household Notification of Selection Letter Must Include:



If a child is receiving benefits based on categorical eligibility, an indication the household may provide proof that a child or any household member is receiving benefits under an Assistance Programs or that a child is Other Source Categorically Eligible instead of providing income information.



A warning that information must be provided by a date specified by the LEA and that failure to do so will result in termination of benefits.



A notice that documentation of income or receipt of assistance may be provided from any point in time between the month prior to application and the time the household is required to provide income documentation.

Household Notification of Selection Letter Must Include:

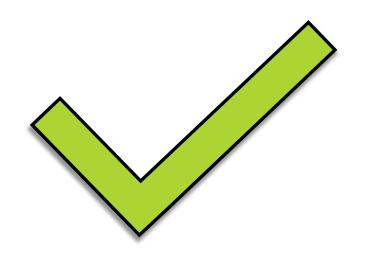
- The name of a determining official who can answer questions and provide assistance. The household must be able to contact the LEA or school official who can either assist them directly or who can refer the caller to a specific person for help. or If the household is unable to obtain assistance during their initial call, the LEA or school official must attempt to initiate further assistance.
- A telephone number the household can call at no cost for assistance. The LEA may establish a toll-free number or allow the household to reverse the charges if any households in that LEA are outside the local calling area.
- The LEA may also provide different telephone numbers for each local calling area within the LEA.

Household Notification cont.



- Any communications with households concerning verification must be in an understandable and uniform format and, to the maximum extent practicable, in a language that parents and guardians can understand.
- State agencies and LEAs are expected to have a system in place to provide written verification notices in the parent or guardian's primary language, and to provide oral assistance if the parent or guardian has difficulty understanding the written request.

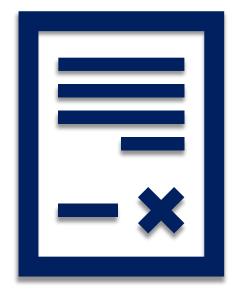
Sources for Verification



- When a household is selected for verification, it must provide "sources of information" to the LEA to confirm current income or participation in a categorically eligible program.
 - Sources of information may include written evidence, collateral contacts, and systems of records.
 - Households which dispute the validity of information acquired through collateral contacts or a system of records must be given the opportunity to provide other documentation.

Written Evidence

- Written evidence is the primary source of eligibility confirmation for all households.
- Written evidence most often includes pay stubs from employers or award letters from assistance agencies or other government agencies.



Collateral Contacts

- If written evidence is insufficient to confirm the income information on the application, the LEA may require use of collateral contacts.
- A collateral contact is a person outside of the household who is knowledgeable about the household's circumstances and can confirm a household's income level or participation in Assistance Programs or Other Source Categorical Eligibility Programs.
- Collateral contacts include employers, social service agencies, migrant workers' agencies, and religious or civic organizations.
- The verifying official should request a collateral contact only in cases when the household has not been able to provide adequate written evidence.
- The verifying official must give the household the opportunity to designate the collateral contact. However, the verifying official may select a collateral contact if the household fails to designate a collateral contact or designates a contact that is unacceptable to the verifying official. In either case, no contact may be made without first notifying the household and obtaining its consent.

Agency Records

- A household's eligibility may be confirmed through the use of information maintained by other government agencies to which the State agency, LEA, or school has legal access.
- These records are not considered collateral contacts.
- Although Program regulations do not require LEAs to notify households of selection when verification is made through agency records, such agencies may have their own notification requirements.

Pay Stubs

Households may provide pay stubs with income from employment. If a weekly pay stub is representative of what the household normally receives each week, one pay stub is sufficient.

If the household submits a pay stub including overtime, the determining official should work with the household to determine whether the overtime for the month being verified is representative of overtime received in other months. If overtime is a one-time or sporadic source of income, income should be calculated based on the regular monthly income without overtime.

Indication of "No Income"

If a household is selected for verification, and the household's application indicates zero income, the LEA must request an explanation of how living expenses are met and may request additional written documentation or collateral contacts.

> The collateral contact may be asked to document the duration and type of assistance that is provided to the household.

Verification Follow-Up

The LEA must make at least one attempt to contact the household when the household does not adequately respond to the request for verification.

"Non-response" includes no response and incomplete or ambiguous responses that do not permit the LEA to resolve children's eligibility for free and reduced price meals.

The required follow-up attempt may be in writing (mail or e-mail) or by telephone or text message.

The LEA must document contact was attempted.

Additionally, the LEA must ensure LEP households are provided adequate language assistance and understand the need to respond to the verification request.

Verification Follow-Up



- 1. You must inform the household that failure to provide adequate written evidence or failure to designate an adequate collateral contact will result in termination of benefits;
- 2. Attempt to obtain the missing written evidence or collateral contact information; and
- 3. Contact the household to complete the verification process, if the collateral contact is unwilling or unable to provide the requested information.

Remember the deadline for completing verification is November 15.

Verification Follow-Up

If, after at least one follow-up attempt, the household responds and provides all needed evidence, verification is considered complete for the household. As appropriate, the LEA would complete verification by:

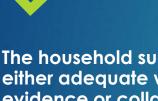
LEAs are encouraged but not required to conduct additional follow-up if a household fails to provide adequate documentation after the first required follow-up. 0

Informing the household there is no change in benefits;

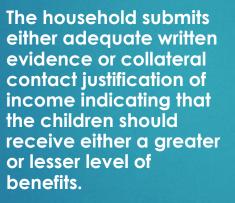
Notifying the household its benefits will be increased; or

Sending notice of adverse action.

When Verification is Considered Complete



The household submits either adequate written evidence or collateral contact with justification of income or categorical eligibility.



Verification is considered complete for this household when the household is notified that its benefits will be increased or decreased. If benefits are decreased, a notice of adverse action must be sent before verification is considered complete.



The household indicates, verbally or in writing, that it no longer wishes to receive free or reduced price benefits.



The application provided case numbers. It is determined that no household member is receiving benefits from an Assistance Program.

Verification is considered complete when the notice of adverse action is sent.

Verification is considered complete when the notice of adverse action is sent.

Notice of Adverse Action

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 [State SNAP] or [State TANF] 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.

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 were previously denied benefits because no one in the household received [State SNAP], [State TANF] or [FDPIR] benefits, you may reapply based on income eligibility. 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.

What if the household does not respond by November 15?



Notification of Adverse Action is sent to the household.



The household may reapply (complete a new Free and Reduced Meal Application).

The household must provide "sources of information" to confirm current income or participation in a categorically eligible program. What if the SFA doesn't complete verification by November 15?

> The SFA may request an extension up to December 15 of the current school year to complete verification, <u>due to</u> <u>natural disaster, civil disorder,</u> <u>strike, or other circumstances</u> that prevent the LEA from timely completion of verification activities.

A request for an extension beyond December 15 must be submitted by the State agency to the FNS for approval.

Independent Review



Independent Review of Applications Required by the Healthy, Hunger-Free Kids Act of 2010. Section 304 of the Healthy, Hunger-Free Kids Act of 2010 requires local educational agencies (LEAs) that demonstrate high levels of, or a high risk for administrative error associated with certification, verification and other administrative processes to conduct an independent review of the initial eligibility determinations for free and reduced price school meal applications for accuracy prior to notifying households of eligibility.

Independent Review

Independent Review must be conducted within 10 days of receipt of the Free and Reduced Price Meal Application.

LEAs designated by the State agency as demonstrating high levels of or a high risk for administrative error associated with certification and benefit issuance are required to conduct an additional review of applications.

Criteria 1:

All LEAs with 3% or more certification/benefit issuance error, as determined by the State agency during an administrative review.

Criteria

All LEAs in their first year of operation of the National School Lunch Program.

Second Review



Independent Review is referred to in USDA memos and the Eligibility Manual for School Meals, as a second review.



A second review of applications requires a <u>re-evaluation</u> of the initial eligibility determination made by the original determining official, based on the information provided by the household on the application.

Independent Review

Determine whether the application is complete with:

- Signature of an adult household member;
- Last four digits of a Social Security Number (or an indication of "none") for income applications;
- Names of all household members, including the children for whom the application is made; and
- Identification of:
 - > The amount of income received by each household member for income applications; or
 - ▶ The applicable Assistance Program and program case number; or
 - ▶ The applicable program, for applications based on Other Source Categorical Eligibility.
- Confirm the application was correctly approved based on the current IEGs or accurate categorical eligibility information, as applicable.



Who Submits the Verification Summary Report?



Accessing the Online Verification Sumary Report Log onto the CNP Online Application

Click NSLP

Click Forms

Select Verification Summary

Select 2020

The LEA's Verification Summary Report page opens

Authority levels must be set for Sponsor Users prior to accessing the online Verification Summary Report.

To set authority levels:

- •Log on to the CNP Online Application
- Click User Account
- Click Edit User
- Click the Edit button next to the Sponsor User that is being edited
- •Select the authority level appointed to the Sponsor User
- Click Update User

There are 3 levels of authority for verification:

- Editor
- •Submitter
- Viewer

Authority Levels for Online Verification

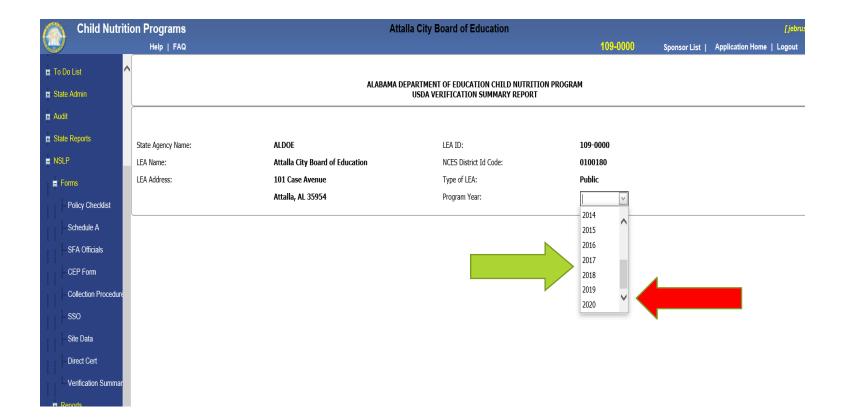
yiew Prinkau											
		I. Enrollment, Application and Pre-Verification Counts									
od of Direct Certification		Letter to Family Local Electronic Match State Level Electronic Match									
on 1	Total Schools, Residential Child Care Institutions (RCCIs) and Enrolled Students	** All SFAs must report Section 1 **	A. Number of Schools OR Institutions (NSLP) As of Last Operating Day in October	B. Number of Students (NSLP) As of Last Operating Day in October	C. Number of Schools OR Institutions(SBP) As of Last Operating Day in October	D. Number Students (S As of Last Operating Da October					
		1-1 Total schools	7	2413	7	2413					
		1-2 Total ROLLs 1-2ar ROLEs with day students (Report ONLY day students in 1-2aB) (Day students are those students NOT institutionalized and eligibility is determined individually by application or direct cortification as applicable)									
		1-2b: RCCIs with NO day students									
		1-3 Total schools NON CEP and NON Provision 2/3:									
on 2	SFAs with schools operating alternate provisions	** Only SFAs with alternate provisions must report Section 2 **	A. Number of Schools OR Institutions	B. Number of Students As of Last Operating Day in October	C. Number of Schools OR	D. Number Students (S As of Last Operating Da October					
		2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:									
		2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:									
		2-2a: Provision 2/3 students reported as FREE in NON BASE year:									
		2-2b: Provision 2/3 students reported as REDUCED PRICE in NON BASE year:									
		2-3 Operating the Community Eligibility Option:	7	2413							
		2-4 Operating other alternatives for NSLP and SBP:									
		2-5 Operating other alternate provision(s) for only SBP or only NSLP:									
ion 3		All SEAs must report Section 3 or check box 3-1 if applicable ** Oheck the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification with SN for all schools 1:		B. Number of Students (NSLP) As of Last Operating Day in October							
		3-2: Students directly certified through Supplemental Nutrition Assistance Program (SNAP): Do not include students certifi method.									
		3-33 Students directly certified through other programs: Include those directly certified through Temporary Assistance for Distribution Program on Indian Reservations (FDPIR), or Medicaid (if applicable)/those documented as homeless, migrant, Even Start, or non applicant but approved by local officials. DO NOT include SNAP students already reported in 3-2									
		3-4: Students directly certified categorically FREE eligible through SNAP letter method: include students certified for free n letter from the SNAP agency									
los 4	Condente approved as EDEE or DEDUCED DDICE aliaible through a household		A Number of Applications	D. Number of Chudente (NCLD)							

Verification Summary Report for RCCIs & CEP/Provision districts

Child Nutrition	1 Programs Help FAQ		Autauga County Board of Education 001-0000							
	Help FAQ			SDONSOD IN	ODMATION				001-0000	
My Account				SPONSOR INF	ORMATION					
User Accounts										
Sponsors					Sp	ionsor Informa	ation			
Sponsor Info		Sponsor Name	A	utauga Cour	nty Board	of Educati	on			
Sites		Alias Name					Sponso	r Code	001-0000	_
Claims		Physical Address	15	153 West 4th Street , Prattville, AL - 36067						-
To Do List		Mailing Address		153 West 4th Street , Prattville, AL - 36067						-
State Admin		Phone Number		334-365-5706x			Fax Nur	nber	334-361-3828x	-
State Reports		County	AU	AUTAUGA			Federal	Tax ID	CLB001	-
NSLP		Tax Status	No	Non-Profit Public (Government)			Туре		School Board	-
E Forms		Business Type	Pu	ublic School			TEFAP		No	-
Policy Checklist		Head Start	No)			Church		No	-
Schedule A		Termination Date					Web Sit	e URL		-
SFA Officials					Cent	ral Office Info	mation		,	
CEP Form		Physical Address								
Collection Procedures		Mailing Address								_
SSO		Central Office Ph	No				Central	Office Fax No		
Site Data			,			State Commer	its			Γ
Direct Cert										٦
Verification Summary				(Change	Т	erminate Spons	or		
Reports						Site List				-
Submit						Site List				
Certification - Six Cents		P	Program Name	Program Year	Status	Status Date	Status Reason	Status Comments	Withdraw	
I-SSO				2007	Darticipated	Status Bate	Status Readon	Status Comments		

Verification Summary Report

Verification Summary Report



Verification Summary Report

October 1—Open the Verification Summary Report.	Complete Section 4 and Section 5	Enter zeroes for Section 4, Column B (as placeholders)	The Number of Applications selected for verification (5-5) will automatically populate.
Set a calendar reminder for the last operating day of October	Last Operating Day of October	Complete Sections 1-3 using numbers from the last operating day of October.	Replace zeroes in Section 4, Column B with student numbers from the last operating day of October.

Sections 1-3

Only the cells applicable to the Sponsor are editable.

Section 1	Total Schools, Residential Child Care Institutions (RCCIs) and Enrolled Students	** All SFAs must report Section 1 **	A. Number of Schools OR Institutions (NSLP) As of Last Operating Day in October	B. Number of Students (NSLP) As of Last Operating Day in October	C. Number of Schools OR Institutions(SBP) As of Last Operating Day in October	D. Number of Students (SBP) As of Last Operating Day in October
		1-1 Total schools				
		1-2: Total RCCIs 1-2a: RCCIs with day students (Report ONLY day students in 1-2aB) (Day students are those students NOT institutionalized and eligibility is determined individually by application or direct certification as applicable)				
		1-2b: RCCIs with NO day students				
		1-3 Total schools NON CEP and NON Provision 2/3:				
Section 2	SFAs with schools operating alternate provisions	** Only SFAs with alternate provisions must report Section **	2 <mark>A. Number of</mark> Schools OR Institutions	B. Number of Students As of Last Operating Day in October	C. Number of Schools OR Institutions(SBP)	D. Number of Students (SBP) As of Last Operating Day in October
		2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:				
		2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:				
		2-2a: Provision 2/3 students reported as FREE in NON BASE year	:			
		2-2b: Provision 2/3 students reported as REDUCED PRICE in NON				
		2-3 Operating the Community Eligibility Option:				
		2-4 Operating other alternatives for NSLP and SBP:				
		2-5 Operating other alternate provision(s) for only SBP or only NSLP	:			
Section 3	Students approved as FREE eligible NOT	** All SFAs must report Section 3 or check box 3-1 in	f applicable **	B. Number of		
	subject to verification	3-1 Check the box only if all schools and/or RCCIs in the SFA we perform direct certification with SNAP (i.e. NON BASE year Provision	Students (NSLP) As of Last Operating Day in October			
		3-2: Students directly certified through Supplemental Nutrition Assist Do not include students certified with SNAP through the letter metho	od.			
		3-3: Students directly certified through other programs: Include the through Temporary Assistance for Needy Families (TANF), Food Dist Indian Reservations (FDPIR), or Medicaid (if applicable);those docun migrant, runaway, foster, Head Start, Pre-K Even Start, or non applied to the start of the start				
		local officials. DO NOT include SNAP students already reported in 3- 3-4: Students directly certified categorically FREE eligible through SN include students certified for free meals through the family providing agency				

Section 4	Students approved as FREE or REDUCED PRICE eligible through a household application	** All SFAs collecting applications must report Section 4 **	A. Number of	B. Number of Students (NSLP) As of Last Operating Day in October		
		4-1 Approved as categorically FREE Eligibile: Based on those providing documentation (e.g case number for SNAP, TANF, FDPIR on an applicaton)				
		4-2: Approved as FREE Eligible: Based on household size and income information				
		4-3 Approved as REDUCED PRICE Eligible: Based on household size and income information				
		4-4 PAID Eligible: Based on household size and income information				
T-1: Total FREE Eligible Stud			T-2: Total REDUCED PRICE Eligible Students Reported (4-3B)+(2-2bB if applica		cable)	

	II. Result Of Verification										
Section 5		** ALL SFAs must report Section 5 unless being exempt from verification** 5-1: Check the Box if ALL schools and/or RCCIs are exempt from verification									
		If 5-1 is checked, no futher reporting in Section 5 is required.									
	5-2: Was verification performed and completed?	5-3: Type of Verification process used:									
	 Yes, completed by November 15th Yes, completed after November 15th 	Standard Alternate One (Alternate Random) Alternate Two (Alternate Focused)									
	If 1 or 3 is checked in 5-3, report in 5-5. If 2 is checked in 5	5-3, enter "N/A" in 5-4									
	5-4: Total ERROR PRONE applications: Report all applications as of October 1st considered error prone	5-5: Number of applications selected for verification sample: 5-5: Number of applications selected for verification sample: 5-6: Total Number of Questionable Applications Verified for Cause (in addition to those selected for the sample):									

Sections 4 and 5

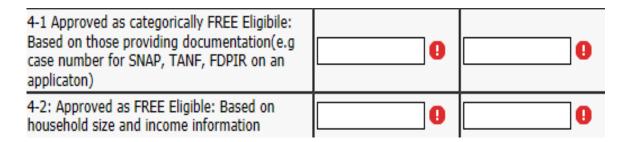
Saving Information Entered

To save the information that has been entered, scroll to the bottom of the form and click the Save button located on the bottom left corner.



Saving Information Entered

- Once the information entered has been saved, a red circle with a white exclamation point will appear beside any cell where an error was found or if no information was entered into the cell.
- All cells must have a number.



Correct the errors and save the Verification Summary Report again.

Entering Data From Verified Applications

Click the "Add New Application" button to add applications.

5-7: 🗌 Che	** ALL SFAs must rep ock the Box if Direct Verification wa in If 5-	⁵ A. Number of Applications	B. Number of Students			
	and/or REDUCED PRICE eligibility IF/FDPIR/MEDICAID as of Novemb	is confirmed through direct verificat ver 15th	tion	5-7: Confirmed through direct verification		
Add new app	lication					
	File # for Household App	# Of Students Approved On App	Origin	al Benefit Type	Results Of Verification	Reapplied & Reapproved
	Q	Q		\checkmark		✓
Edit Delete	001	2	Free -	Categorical	Responded, No Change	
Page 1 of 1 ((1 items) < [1] >					

This button must be clicked every time that a new application is entered.

Enter the File # for Household Application. This is the method the LEA uses to identify the application. <u>Enter information vertically.</u>

- For example:
 - Numerical

Last Name	X	X		X	X	X
	Add new application					
	File # fo	r Household App	# Of Students Approved On App	Original Benefit Type	Results Of Verification	Reapplied & Reapproved
		Q	, 📃 🔍		v 🔍	
	File # for Household #					
	Original Benefit Type					~
	Results Of Verification					~
	Reapplied & Reapprov	ved				
						Update Cancel
	Edit Delete 001		2	Free - Categorical	Responded, No Change	
	Page 1 of 1 (1 items)	< [1] >				

Enter the number of approved students on the application.

Add new application									
File # for Household App	# Of Students Approved O	On App Original Benefit	Type Results Of Verifica	tion Reapplied & Reapproved					
	Q	٩							
File # for Household App									
# Of Students Approved On App									
Original Benefit Type				×					
Results Of Verification				×					
Reapplied & Reapproved									
				Update Cancel					
Edit Delete 001		2 Free - Categoric	al Responded, No Ch	nange					
Page 1 of 1 (1 items) < [1] >									

Select the benefit type prior to the verification process using the drop-down box to select:

- Free-Categorical
- ► Free Income
- Reduced Price

File # for Househol	d App	# Of Students Approv	ed On App	Original Benefit Type		Verification	Reapplied & Reapprove	ed			
	٩		Q			\[\] \[6	✓			
File # for Household App	File # for Household App										
# Of Students Approved On App											
Original Benefit Type								\sim			
Results Of Verification	Free - Categ	jorical									
Described & Description	Free - Incon	ne									
Reapplied & Reapproved	Reduced Pri	ce									
							<u>upuate Ca</u>	meer			
Edit Delete 001			2	Free - Categorical	Respor	nded, No Change					
Page 1 of 1 (1 items) < [1]	Page 1 of 1 (1 items) < [1] >										

Add new application								
File # for Househ	old App	# Of Students	Approved On App	Original Benefit Type		Results Of Verification	Reapplied & Reappr	oved
	٩				\checkmark	×	٩,	~
File # for Household App								
# Of Students Approved On Ap		_						
Original Benefit Type		,						~
Results Of Verification								
Reapplied & Reapproved	Responded,	No Change						
	Responded,	Changed to Fre	e					- 1
	Responded,	Changed To Re	duced Price					
it Delete 001	Responded,	Changed To Pai	d					
age 1 of 1 (1 items) 🔇 [1]	Non Respon	ise, Incomplete I	Documentation Prov	rided by Household				- 1
	Non Respon	ise, Household N	lever Responded to	SFA				
								_

Select the result of verification by using the drop down box:

- Responded, no change
- Responded, changed to free
- Responded, changed to reduced price
- Responded, changed to paid
- Non Response, incomplete documentation provided by household
- Non Response, household never responded to SFA

Click the update button located at the bottom right to enter the application.

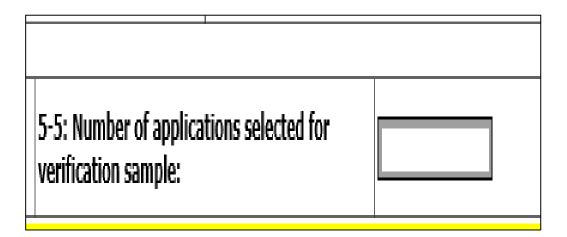
Add new app	olication								
	File # for Household App		# Of Students Approved On App	Original Benefit Type	Results Of Verification	Reapplied & Reapproved			
		Q	, Q						
File # for Household App									
# Of Stude	# Of Students Approved On App								
Original Be	enefit Type					\checkmark			
Results Of	Verification					\checkmark			
Reapplied ≀	& Reapproved					Update Cancel			
Edit Delete	001		2	Free - Categorical	Responded, No Change				
Page 1 of 1 ((1 items) <	[1] >							

Once updated, the application information is listed below the search fields.

Add new ap	plication					-	
	File # for Household App	# Of Students Approved On App	Original Benefit Type	Results Of Verification	Reapplied & Reapproved		Search
	Q		. 🔍 🔍	Q	, 🔍 🔍		field
<u>Edit Delete</u>	001	2	Free - Categorical	Responded, No Change			Application
Page 1	,1¶tems) < [1] >						Information

Changes may be made to an application that has already been entered by clicking the *Edit* link beside the application information. The entire application may be deleted by clicking the *Delete* link.

Click on "Add New Application" to enter all verified applications" until the correct number of applications have been entered (See 5-5).



Checking for Errors

Verification entries may be sorted in the following ways to check for errors:

Application ID

Number Of Students Approved On Application

Original Benefit Type

- Free Categorica
- Free Income
- Reduced Price

Results of Verification

- •Responded, no change
- Responded, changed to free
- Responded, changed to reduced pr
- Responded, changed to paid
- Non Response, incomplete documentation provided by household
- Non Response, household never responded to SFA

Reapplied and Reapproved

Methods for Finding Application Information



METHOD ONE: To sort alphabetically or numerically, click the column name in the Application Data Header.



METHOD TWO: To search for applications with a specific value in any column, enter the desired value in the search fields under the Application Data Header.

Methods for Finding Application Information

Method One:	Add new app	Add new application							
Click on		File # for Household App	# Of Students Approved On App	Original Benefit Type	Results Of Verification	Reapplied & Reapproved			
Application Data			Q						
Header	Edit Delete	001	2	Free - Categorical	Responded, No Change				
	Page 1 of 1	(1 items) < [1] >							

Method Two:	Add new app	plication				
Enter Value in		File # for Household App	# Of Students Approved On App	Original Benefit Type	Results Of Verification	Reapplied & Reapproved
the Search	Edit Delete	001	2	Free - Categorical	Responded, No Change	
Fields	Page 1 of 1	(1 items) < [1] >				

Results of Verification

For	5-9: Results of Verification by Original Benifit Type For each original benifit type (A,B, & C), report the number of applications and students as of November 15th for each result category (1,2,3,& 4). DO NOT include students and applications already reported in 5-7A or 5-7B.									
A. FREE Categorica Certified as FREE bas SNAP/TANF/FDPRI c	sed on documentati		Certified as FREE based on income/household size			C. REDUCED PRICE-Income Certified as REDUCED PRICE based on income/household size application				
Result Category	a. Applications	b. Students	Result Category	a. Applications	b. Students	Result Category	a. Applications	b. Students		
1. Responded, NO CHANGE	0	0	1. Responded, NO CHANGE	0	0	1. Responded, NO CHANGE	0	0		
2. Responded, Change to REDUCED PRICE	0	0	2. Responded, Change to REDUCED PRICE	0	0	2. Responded, Change to FREE	0	0		
3. Responded, Change to PAID	0	0	3. Responded, Change to PAID	0	0	3. Responded, Change to PAID	0	0		
4. NOT Responded, Change to PAID	0	0	4. NOT Responded, Change to PAID	0		4. NOT Responded, Change to PAID	0	0		

Verification totals will be calculated based on the information entered.

Independent Review on Verification Summary Report

The following cells will be visible only to districts/facilities required to conduct Independent Review.

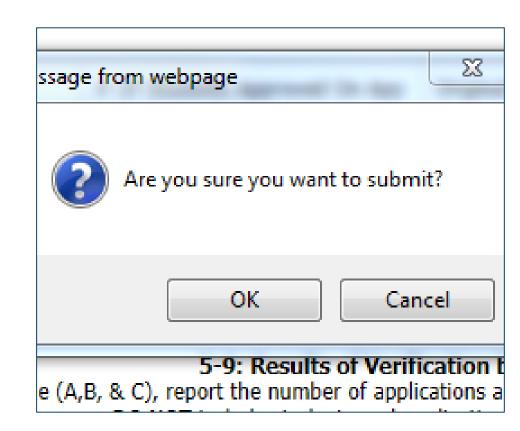
ect to second	IR 1-2: Total number of applications: with changed eli
ct to second	determinations: Report all applications resulting a changed
	the second review process

tior	s for each resu	It category (1,2,& 3) and sub-categories (a,b,c,	d)	
		B. REDUCED PRICE		
		Determined as REDUCED PRICE based	d on application	
	1. NO	CHANGE:		1. NO C
	2. Ch	anged to FREE:		2. Chan
	a.	Incomplete application error:		a. In
	b.	Categorical Eligibility error:		b. Ca
	с.	Gross Income calculation error:		c. Gr
	d.	Other error:		d. Ot
	3. Ch	anged to PAID:		3. Chan
	a.	Incomplete application error:		a. In
				b. Ca
	с.	Gross Income calculation error:		c. Gr
	d.	Other error:		d. Ot
	- ,			

- Be sure that you have "Saved" information that you have entered.
- Once all information has been entered, checked for errors and saved, click the "Submit" button on the bottom left of the screen.



A message from webpage will appear. Click OK to finalize submission of the Verification Summary Report.



After clicking OK, a message will appear that is highlighted yellow.

The message indicates read only mode with the user name, date, and time of the successful submission.

ALABAMA DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAM VERIFICATION SUMMARY
You are in Read Only Mode. The Verification Data for the year selected has been submitted by Brust on 9/22/2014 4:09:53 PM.

ALABAMA DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAM VERIFICATION SUMMARY

ne total number of applications selected for verification (D2) does not match the number of applications entered in the Application Data section.

If there are errors when the Verification Summary is submitted, an error message will appear that is highlighted in red.

The submission was not successful.

Errors will be identified on the Verification Summary by a red circle with an exclamation point inside.

4-1 Approved as categorically FREE Eligibile: Based on those providing documentation(e.g case number for SNAP, TANF, FDPIR on an applicaton)	
4-2: Approved as FREE Eligible: Based on household size and income information	

Correct the errors and click the Submit button again.

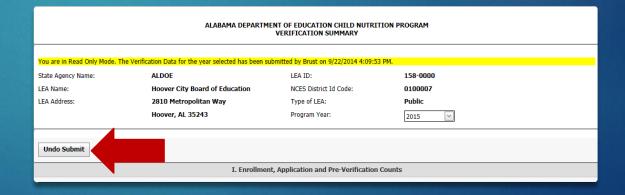
After Submitting the Verification Summary Report

The Verification Summary Report can be printed by clicking on "File", then "Print" on the upper right corner of your screen.

ALABAMA DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAM USDA VERIFICATION SUMMARY REPORT								
You have View Only Access to this page.								
State Agency Name:	ALDOE	LEA ID:	001-0000					
LEA Name:	Autauga County Board of Education	NCES District Id Code:	0100240					
LEA Address:	153 West 4th Street	Type of LEA:	Public					
	Prattville, AL 36067	Program Year:	2017					
				View Printable Report				
	I. Enrollment, Application and Pre-Verification Counts							
Method of Direct Certification	Letter to Fam	nilv						

After Submitting the Verification Summary Report The Verification Summary Report may be edited after it has been submitted until January 23.

Click the Undo Submit button located in the top left corner of the Verification Summary Report below the year selection.



Questions?



School Year 2020-2021 Verification Deadlines

October 1

- Begin the Verification Summary Report at <u>cnpforms.alsde.edu</u>
 - The report is located under NSLP, Forms, Verification Summary.
 - Complete Sections 4 and 5
 - Item 5-5 will automatically generate. This the number of applications that must be verified—no more, no less.

November 15

- Verification process <u>must be complete</u>.
- If verification is not completed by November 15, the SFA must request an extension in writing from the State Agency. The extension may be granted up to December 15.

January 23, 2021

Verification Summary report must be submitted.

Nondiscrimination Statement

In accordance with Federal civil rights law and US. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.