

Verification Phase 3: Verify

Verification Tracking Form

Complete this form for each application selected for verification.
Attach this form to the application with a copy of all documents from the household.

Number of Student(s) on Application: _____	Error Prone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Print Student Name(s) _____
Original Determination was (check one):		
<input type="checkbox"/> Free Eligible Based on Categorical Eligibility (Case # SNAP/TANF/FDPIR or Foster)	_____	
<input type="checkbox"/> Free Eligible Based on Income/Household Size Information	_____	
<input type="checkbox"/> Reduced-Price Eligible	_____	

Step 1 ☐ **Identify your *confirming official*. This person will double check that the application was certified correctly. Cannot be the same person who initially certified the application.**

Results of Confirmation Review (Select ONE):

- ☐ **Confirmed Original Determination, no change in benefits**
Continue to Step 2.
- ☐ **Changed from Reduced to Free**
Notify household of increased benefits, change benefits within 3 days, continue to Step 2.
- ☐ **Changed from Free to Reduced**
Do not change benefits, do not contact household; continue to Step 2.
- ☐ **Changed to PAID**
Notify household of paid benefits, change benefits after 10 calendar days of letter sent and remove this application from verification sample. Select new application for verification. (Start again with Step 1 with **new** application and **new** tracking form.) **Date eligibility status updated on BID:** _____ (after 10 calendar days of letter sent)

Step 2 ☐ **Conduct Direct Verification, Results (Select ONE):**

- ☐ **Verified:** Print off results and attach to this tracking form. Verification is complete. **STOP** and do not contact the household. SFAs will report this application and all the students listed as Directly Verified.
- ☐ **Not Verified:** Print off results, attach to tracking form. Continue with Step 3.

↓ **Now contact the household**

- Step 3** ☐ **Send First Verification Notice** _____ (sent date) **Requesting Documentation returned by:** _____
- ☐ **If no response by *given due date*, follow up with household. Second Verification Notice/called/email** _____ (date)
- ☐ **Follow-up official must sign and date household application**
 - ☐ **Make notes on the application, as necessary**

Step 4 ☐ **Results of Verification (Select ONE):**

- ☐ **Responded, no change in benefits**
Send Letter of Verification Results (confirming no change) and attach to this tracking form. _____ (date)
- ☐ **Responded, original determination changed to Free**
Send Letter of Verification Results and attach to this tracking form _____ (date)
- ☐ **Responded, original determination changed to Reduced**
Send Letter of Verification Results and attach to this tracking form _____ (date)
- ☐ **Responded, original determination changed to Paid**
Send Letter of Verification Results and attach to this tracking form _____ (date)
- ☐ **No response after follow up, original determination changed to Paid**
Send Letter of Verification Results and attach to this tracking form _____ (date)

**Changes in meal benefits due to Verification: Increased benefits changed within 3 days, decreased benefits changed within 10 calendar days of letter sent.*