

How to Submit a Verification Confirmation Review Waiver



Health and Nutrition Services
Arizona Department of Education





Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

This training is intended for **School Food Authorities (SFAs)** operating the **National School Lunch Program (NSLP)**.

Objectives

At the end of this training, attendees should be able to:

- review the four phases of verification;
- locate other resources available for verification;
- know what the confirmation review is and how to complete it;
- understand when a confirmation review waiver is allowable;
- properly apply for a confirmation review waiver; and,
- identify when the confirmation review waiver has been approved.

TRAINING HOURS

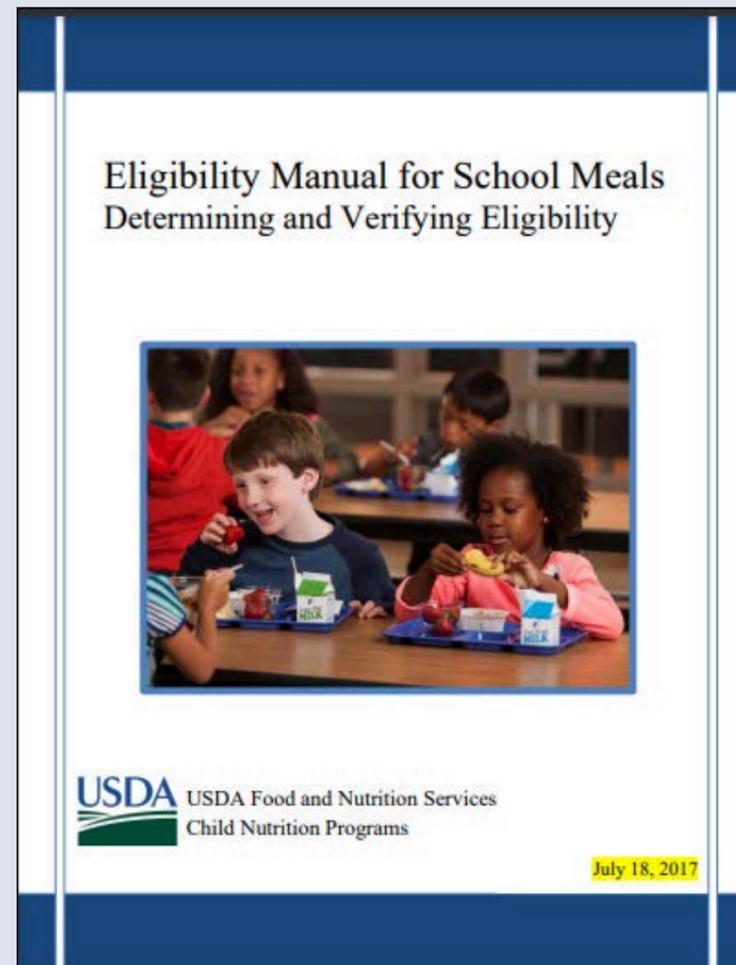
Information to include when documenting this training for Professional Standards:

Training Title: How to Submit a Verification Confirmation Review Waiver

Key Area: 3000 - Administration

Learning Code: 3110

Length: 30 minutes



The instruction within this Online Course is based on guidance from USDA's Eligibility Manual For School Meals, 2017. Verification information can be found on pages 97 -118.

It is recommended to review this manual in addition to reviewing this course for complete guidance on processing and verifying household applications.

[Click here](#) to access the manual.

Quiz Time



Throughout this guide, there will be comprehension quiz questions to test your knowledge and help you apply what you're learning. Be sure to review these quiz questions and answers available within the guide.

The question mark icon below will indicate a comprehension quiz question.



Table of Contents

Section 1: Introduction to Verification	7-10
Section 2: Introduction to a Confirmation Review	11-20
Section 3: Confirmation Review Waiver	21-28



The following slides will only cover how-to instructions for submitting a confirmation review waiver and provide a brief overview of the verification process. For a comprehensive review of the verification process, refer to ADE's [Online Course: Verification Review](#).

Introduction to Verification



SECTION 1

What is Verification?

Verification is the confirmation of eligibility benefits for free and reduced-price meals. The process of verification begins in October and ends in February each year.

Verification is only required when eligibility is determined through the household application process, not through Direct Certification.

Household applications that are subject to verification are: case number applications, foster applications, and free or reduced-price income applications.



Verification Phases

THE FOUR PHASES

There are four phases of verification. These phases are:

- Phase 1: Prepare
- Phase 2: Calculate and Select
- Phase 3: Verify
- Phase 4: Report

PHASE 1: PREPARE

In this phase, organize all approved applications

PHASE 2: CALCULATE AND SELECT

In this phase, determine how many applications will be verified and select the applications using an appropriate sampling method.

PHASE 3: VERIFY

In this phase, conduct direct verification on the selected applications in CNP Direct Verification, and contact the households that were not directly verified.

PHASE 4: REPORT

In this phase, log into ADEConnect to submit the Verification Summary Report in CNP Verification Reporting.

Verification Best Practices Calendar

Stay on track with all tasks and deadlines using ADE's Verification Best Practices Calendar!

This calendar outlines action items and resources available for each phase of verification.

VERIFICATION BEST PRACTICES CALENDAR SCHOOL YEAR 2023-2024			
1 PHASE 1: Prepare SEPTEMBER – OCTOBER 1		2 PHASE 2: Calculate and Select Applications STARTS OCTOBER 1	
<p>STUDY UP ON VERIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attend the Verification Review School Year 2023-2024 webinar. <input type="checkbox"/> Review the Online Course: Verification Review. <input type="checkbox"/> Review the USDA Student Eligibility Manual for School Meals (Section 6 begins Verification guidance). <p>PREPARE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete/Review the Student Eligibility Checklist and Why the BID is Important. <input type="checkbox"/> Conduct Direct Certification again (best to find all matches <u>before</u> Verification!). <input type="checkbox"/> Use Verification Counting Cheat Sheet and count number of <u>paper applications</u> on file as of <u>October 1</u>: <ul style="list-style-type: none"> <input type="checkbox"/> Categorically free applications (Case number, Foster). <input type="checkbox"/> Free by income applications. <input type="checkbox"/> Reduced by income applications. <input type="checkbox"/> Did NOT count any applications for students that were Directly Certified. <input type="checkbox"/> Did NOT count any applications that have been copied. <input type="checkbox"/> Did NOT count any applications that are incomplete (missing total household members, signature, etc.). <input type="checkbox"/> Count the number of error prone applications on file as of <u>October 1</u>. 		<p>CALCULATE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review the Verification Non-Response Rate Report <ul style="list-style-type: none"> If your LEA is highlighted in copper, you can use <i>any</i> sampling method (Standard, Alternate 1, or Alternate 2). If your LEA is not highlighted in copper, (no highlight or red), <i>must</i> use Standard sampling method. <input type="checkbox"/> Does your LEA qualify for use of Alternative Sample Size (copper)? _____ (yes or no) <input type="checkbox"/> Choose sampling method (Circle the method you plan to use): <ul style="list-style-type: none"> Standard or Alternate 1 or Alternate 2 <input type="checkbox"/> Use the Verification Sample Size Calculator in CNP Verification Reporting (must have access in ADEConnect—see Phase 4) to determine how many applications need to be selected for Verification. (In the calculator, select a sampling method and enter the total number of applications on file as of October 1. The calculator will automatically round up to the correct sample size). <p>SELECT APPLICATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Randomly select the correct number of applications provided by the Verification Sample Size Calculator. <input type="checkbox"/> Applications selected are error prone (if Standard or Alternate 2). 	
<p><i>If you need assistance with calculating how many applications should be verified, contact your assigned Health and Nutrition Services Specialist.</i></p>			
3 PHASE 3: Verify OCTOBER – NOVEMBER 15		4 PHASE 4: Report NOVEMBER 16 – FEBRUARY 1	
<p>VERIFICATION ACTIVITIES- October 1-November 15</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print and attach a Verification Tracking Form for each application being verified. Follow the steps on the Verification Tracking Form for each application selected. <ul style="list-style-type: none"> Conduct Confirmation Review. Run Direct Verification. If household is not verified in Direct Verification, send a Notice of Verification (English/Spanish) to household, review documentation submitted by household and send a Letter of Verification Results (English/Spanish). Utilize the Sources of Acceptable Income Documentation (English/Spanish) when reviewing documentation submitted by household. <input type="checkbox"/> Count the number of <u>students</u> on file as of <u>October 31</u>: <ul style="list-style-type: none"> Students and extended household members directly certified through CNP Direct Certification with: <ul style="list-style-type: none"> <input type="checkbox"/> SNAP. <input type="checkbox"/> TANF. <input type="checkbox"/> FDIPIR. <input type="checkbox"/> Medicaid data (DC-M Free; DC-M Reduced). Students directly certified as homeless, migrant, runaway, Head Start, or Foster. Students free due to a case number or foster application. Students free by income applications. Students reduced by income applications. 		<p>END OF VERIFICATION- November 15</p> <p>All Verification Activities must be completed.</p> <p>Verification is complete when:</p> <ul style="list-style-type: none"> Household is verified in Direct Verification. Household responded; LEA received documentation that confirmed eligibility. The household indicates, verbally or in writing, that it no longer wishes to receive free or reduced price benefits, and Letter of Verification Results is sent. Household responded, received documentation that changed. Verification is complete when Letter of Verification Results is <u>sent</u> to household. Household did not respond - Verification is complete when Letter of Verification Results is <u>sent</u> to household. 	
		<p>REPORT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact your Entity Administrator and request the CNP Verification Reporting application be added to your ADEConnect account <input type="checkbox"/> Begin Verification Summary Report in ADEConnect. <input type="checkbox"/> Submit Verification Summary Report to ADE no later than February 1. <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p>*If you need assistance submitting your Verification Summary Report, training will be available virtually in the form of webinars and/or one-on-one meetings with a Health and Nutrition Services Specialist.</p> </div>	

Introduction to a Confirmation Review



SECTION 2

Evaluating the Original Determination

To perform the confirmation review, the Confirming Official will reprocess the application to check the work of the Determining Official and ensure the correct determination was originally made.

- To learn how to process household applications, take ADE's Step-by-Step Instruction: How to Process Household Applications.

EXAMPLE

The household application below lists three people with an income of \$400 a week. It was determined initially as reduced-price. By using the Income Eligibility Guidelines (IEGs), the Confirming Official should find that the application was incorrectly processed and should have been determined as free eligible.

2023-2024 Application for Free and Reduced-Price School Meals **SELECTED FOR VERIFICATION**
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	School Name	Free/Reduced-Price
S	P	H		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO - Complete STEP 3. If you answered YES - Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Are you unsure what income to include here? **Yes** **No**

ONE GROSS income **Yes** **No**

Flip to the back of this application and review the chart titled "Sources of Income" for more information.

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	GROSS Income from Work	GROSS Income from Business	Public Assistance Child Support/Alimony	Pension/Pensions	Other Income
Joe Banks	\$				
Karen Banks	\$				
	\$				
	\$				

C. Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: hsd@ade.state.tx.us hsd@ade.state.tx.us

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my student may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing the form: Karen Banks Today's date: 9/22/23

Printed name of adult completing the form: _____ Daytime phone and email (optional): _____
Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Eligibility: Free _____ Reduced-Price Denied Error Prone

Determining Official's Signature: Jade Curtis Date: 9/27/23

Case # Application Foster Application Directly Certified: Date of Disenrollment Income Application Homeless/Migrant/Runaway

Household Size: 3 Per Weekly Weekly (Every 2 Weeks) Monthly Annual

Total Income: 2200 Per Weekly Weekly (Every 2 Weeks) Monthly Annual

Selected For Verification: Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____



The examples in this presentation are using IEGs effective SY 23-24. Ensure IEGs for the current SY are being used. The IEGs change annually but the process remains the same.

Changing the Determination

The Confirming Official must sign, date, and check the 'Selected For Verification' box on the selected household applications.

OFFICE USE ONLY	
Eligibility: Free <input checked="" type="checkbox"/> Reduced <input checked="" type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Error Prone
Determining Official's Signature: <u>Julie Smith</u>	Date: <u>9/27/23</u>
<input type="checkbox"/> Case # Application <input type="checkbox"/> Foster Application <input type="checkbox"/> Directly Certified: Date of Disregard: _____	
<input checked="" type="checkbox"/> Income Application <input type="checkbox"/> Homeless/Migrant/Runaway	
Household Size: <u>3</u>	
Total Income: <u>\$400</u> Per: <input checked="" type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
<input checked="" type="checkbox"/> Selected For Verification: Confirming Official's Signature: <u>Mary Jacobs</u>	Date: <u>10/12/23</u>
Follow-Up Official's Signature: _____	Date: _____

Once all required confirmation reviews are completed, the SFA will proceed with verification depending on the status change.

FREE TO REDUCED/REDUCED TO FREE

When the status of an application is changed from reduced to free or free to reduced, the application will progress to the next step of verification.

FREE OR REDUCED TO PAID

When the status of an application changes from free or reduced to paid, another application must be selected for verification by the SFA.

INCREASED MEAL BENEFIT

When the status of an application changes to an increased benefit (e.g. from reduced to free), the SFA is required to:

- Make the increased benefits available immediately
- Notify the household of the change in benefits
- Verify the application

Changing the Determination

EXAMPLE

Since the household application was incorrectly determined, the eligibility and the Benefit Issuance Document (BID) must be updated to the correct eligibility. To update the application, have the Confirming Official make a note of the status change (shown below).

Next, since in our example the status changed from reduced-price to free, the SFA would be required to:

- Make the increased benefits available immediately
- Notify the household of the change in benefits
- Verify the application

ELIGIBILITY CORRECTED TO FREE BY CONFIRMING OFFICIAL.		<input type="checkbox"/> Error Prone
Eligibility: Free <input checked="" type="checkbox"/> Reduced Denied		
Determining Official's Signature: <u>Julie Smith</u>		Date: <u>9/27/23</u>
<input type="checkbox"/> Case # Application <input type="checkbox"/> Foster Application <input type="checkbox"/> Directly Certified: Date of Disregard: _____		
<input checked="" type="checkbox"/> Income Application <input type="checkbox"/> Homeless/Migrant/Runaway		
Household Size: <u>3</u>		
Total Income: <u>\$400</u> Per: <input checked="" type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly (Every 2 Weeks) <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual		
<input checked="" type="checkbox"/> Selected For Verification: Confirming Official's Signature: <u>Mary Jacobs</u>		Date: <u>10/12/23</u>
Follow-Up Official's Signature: _____		Date: _____

Reducing Administrative Burden

The number of household applications that are required to be verified each year will be calculated on an individual basis by each SFA.

The verification sample size varies based on each SFAs sampling method and enrollment.

- For example, some SFAs may have very few applications to verify whereas other SFAs may have a larger amount.



Waiving the confirmation review will **not** reduce the administrative burden of verification for SFAs who have a large enrollment.

Quiz Time

True or False: The Confirming Official can be anyone in the school food service staff if they are trained on processing household applications.

- A** True.
- B** False.



Quiz Time

True or False: The Confirming Official can be anyone in the school food service staff if they are trained on processing household applications.

A True.

B False.

Anyone in school food service can be the Confirming Official if they are trained on processing household applications except for the individual who made the initial eligibility determination.



Quiz Time

True or False: After the confirmation review for all selected household applications is complete, each household application will have the same next steps.

- A** True.
- B** False.



Quiz Time

True or False: After the confirmation review for all selected household applications is complete, each household application will have the same next steps.

A True.

B False.

Depending on the status change of each individual household application, next steps in the verification process will differ. For details, review page 104 of USDA's Eligibility Manual for School Meals, 2017.



Confirmation Review Waiver

SECTION 3



CONFIRMATION REVIEW WAIVER

The confirmation review requirement can be waived if the SFA uses a **technology-based system with a high level of accuracy** in processing an initial eligibility determination.

Requesting a Waiver

To apply for a confirmation review waiver, SFAs must submit a request to their assigned HNS Specialist on school/district letterhead before beginning the verification process.

The request must include:

- the name of the software system the SFA uses to process household applications;
- an explanation of how the software demonstrates a high degree of accuracy;
- supporting documentation that shows the software's IEGs and Error-Prone Guidelines match USDA's for the current year; and,
- a signature from an authorized representative.

Confirmation Review Waiver

SUPPORTING DOCUMENTATION

As mentioned, SFAs submitted a Confirmation Review Waiver Request must submit supporting documentation that shows the software's IEGs and Error-Prone Guidelines match USDA's for the current year.

It is encouraged to include sample applications and eligibility determinations made by the software to demonstrate accuracy.

Child Nutrition Programs Error-Prone Guidelines
Effective July 1, 2023 – June 30, 2024

The following are the error-prone guidelines to be used by child nutrition program operators when determining whether an income application is error-prone.

Household Size	FREE How often income was received									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount
1	341.93 to 365		682.85 to 729		740 to 790		1,480 to 1,580		17,754 to 18,954	
2	469.93 to 493		939.85 to 986		1,019 to 1,069		2,037 to 2,137		24,436 to 25,636	
3	598.93 to 622		1,196.85 to 1,243		1,297 to 1,347		2,594 to 2,694		31,118 to 32,318	
4	726.93 to 750		1,453.85 to 1,500		1,575 to 1,625		3,150 to 3,250		37,800 to 39,000	
5	855.93 to 879		1,710.85 to 1,757		1,854 to 1,904					
6	983.93 to 1,007		1,967.85 to 2,014		2,132 to 2,182					
7	1,112.93 to 1,136		2,224.85 to 2,271		2,411 to 2,461					
8	1,240.93 to 1,264		2,481.85 to 2,528		2,689 to 2,739					

Household Size	REDUCED How often income was received					
	Weekly		Bi-Weekly		2x Month	
	Max Amount	Min Amount	Max Amount	Min Amount	Max Amount	Min Amount
1	495.93 to 519		991.85 to 1,038		1,074 to 1,124	
2	678.93 to 702		1,357.85 to 1,404		1,471 to 1,521	
3	861.93 to 885		1,723.85 to 1,769		1,867 to 1,917	
4	1,044.93 to 1,068		2,089.85 to 2,135		2,263 to 2,313	
5	1,227.93 to 1,251		2,455.85 to 2,501		2,659 to 2,709	
6	1,410.93 to 1,434		2,821.85 to 2,867		3,055 to 3,105	
7	1,593.93 to 1,617		3,187.85 to 3,233		3,452 to 3,502	
8	1,776.93 to 1,800		3,553.85 to 3,599		3,846 to 3,896	

Child Nutrition Programs Income Eligibility Guidelines
Effective July 1, 2023 – June 30, 2024

The following are the income guidelines to be used by child nutrition program operators when processing meal benefit income eligibility forms using reported income.

Household Size*	How often was income received?									
	Weekly		Bi-Weekly		2x Month		Monthly		Annually	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$365	\$519	\$729	\$1,038	\$790	\$1,124	\$1,580	\$2,248	\$18,954	\$26,973
2	\$493	\$702	\$986	\$1,404	\$1,069	\$1,521	\$2,137	\$3,041	\$25,636	\$36,482
3	\$622	\$885	\$1,243	\$1,769	\$1,347	\$1,917	\$2,694	\$3,833	\$32,318	\$45,991
4	\$750	\$1,068	\$1,500	\$2,135	\$1,625	\$2,313	\$3,250	\$4,625	\$39,000	\$55,500
5	\$879	\$1,251	\$1,757	\$2,501	\$1,904	\$2,709	\$3,807	\$5,418	\$45,682	\$65,009
6	\$1,007	\$1,434	\$2,014	\$2,867	\$2,182	\$3,105	\$4,364	\$6,210	\$52,364	\$74,518
7	\$1,136	\$1,616	\$2,271	\$3,232	\$2,461	\$3,502	\$4,921	\$7,003	\$59,046	\$84,027
8	\$1,264	\$1,799	\$2,528	\$3,598	\$2,739	\$3,898	\$5,478	\$7,795	\$65,728	\$93,536
Additional members, add	\$129	\$183	\$257	\$366	\$279	\$397	\$557	\$793	\$6,682	\$9,509

*Household size must be supported by the number of names listed on the meal benefit income eligibility form.

Annual Income Conversion for Multiple Reported Incomes:

If a household reports only one income or multiple incomes with the same frequency, do not convert to annual income. If a household reports multiple income sources with different frequencies (e.g., 1 income is received weekly, another income is received monthly), convert all reported incomes to annual using the conversion factors below. Then, add the income together and compare it to the annual income guidelines to make a determination.

Weekly Income x 52 | Bi-Weekly Income x 26 | 2x Monthly Income x 24 | Monthly Income x 12

Example: A household has returned their meal benefit income eligibility form. The enrolled individuals are not categorically eligible so they must be categorized based on income. On their application, they reported two incomes: \$200 weekly and \$3,000 monthly. To determine their eligibility status, their incomes must be converted to annual income.

\$200 weekly x Weekly Income Conversion -- \$200 x 52 = \$10,400 Total Annual Income
 \$3,000 monthly x Monthly Income Conversion -- \$3,000 x 12 = \$36,000 Total Annual Income
 The incomes are then added together to determine total annual income. Total Income: \$10,400 + \$36,000 = \$46,400

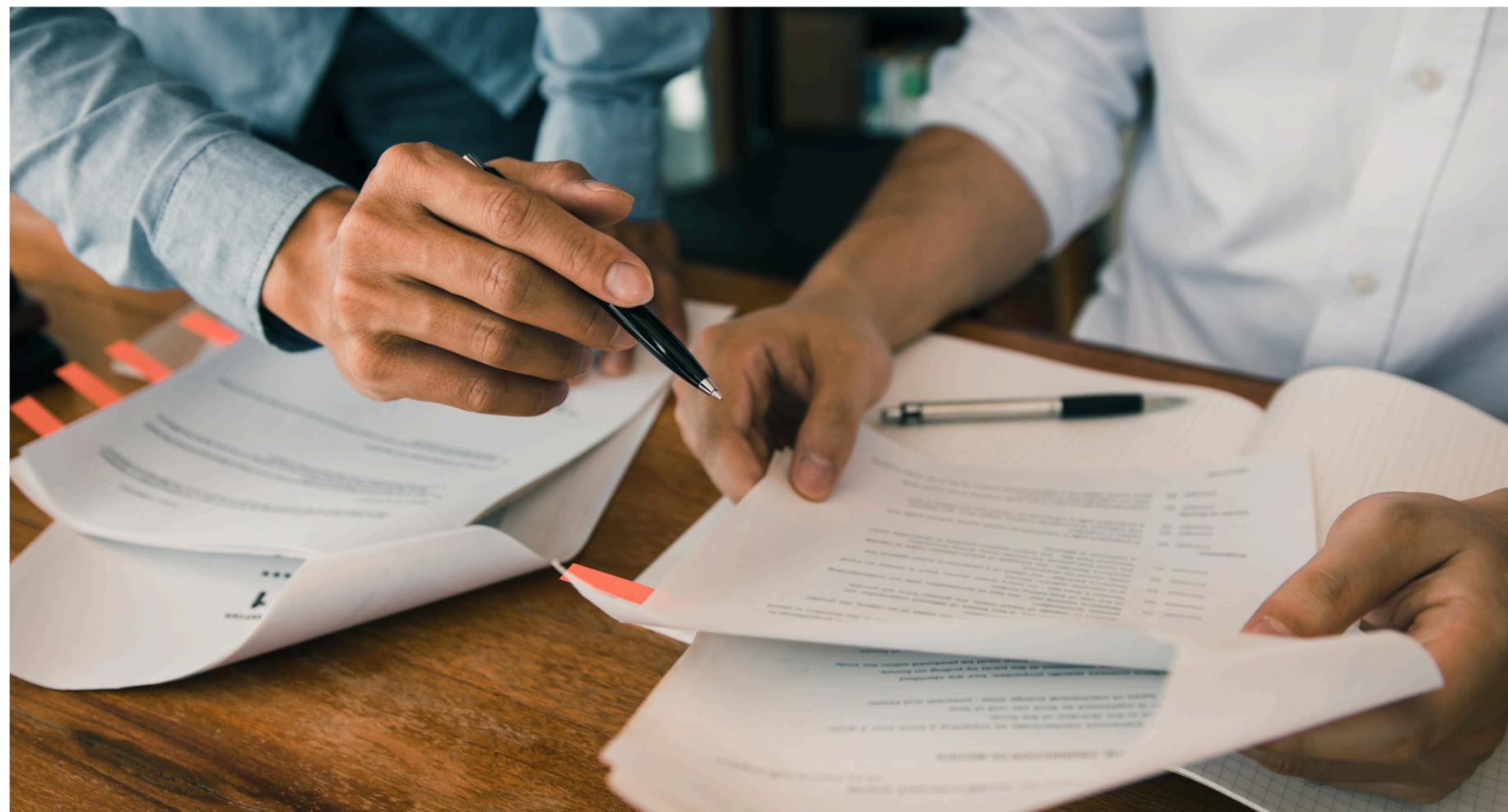
There are four listed names on their meal benefit income eligibility form -- demonstrating a household's size of four. The annual income cap for a household of four to be free is \$39,000 and reduced is \$55,500. This household's annual income is \$46,400 -- greater than \$39,000, less than \$55,500. Therefore, this household qualifies for reduced-price meals.

Current IEGs and Error-Prone Guidelines are available on HNS' [NSLP & SBP Forms and Resources](#) webpage.

Confirmation Review Waiver Approval

The assigned HNS Specialist will review the waiver request and supporting documentation while providing technical assistance to the SFA if needed.

If all documentation is acceptable, the waiver will be approved and the SFA will be sent a Confirmation Review Waiver Approval Letter via email from ADE. This letter must be kept on file for a minimum of five years.



Once approved, the Confirmation Review Waiver only applies to the year of approval. SFAs are required to submit a confirmation review waiver request each year they wish the confirmation review to be waived.

Quiz Time

True or False: SFAs can only request a confirmation review waiver if they use a technology-based system with a high level of accuracy in processing an initial eligibility determination.

- A** True.
- B** False.



Quiz Time

True or False: SFAs can only request a confirmation review waiver if they use a technology-based system with a high level of accuracy in processing an initial eligibility determination.

A True.

B False.

Technology-based systems used by the SFA to process household applications are the only form of processing household applications that is eligible for the confirmation review waiver. SFAs must be able to provide ADE with all documentation required for the waiver and be able to demonstrate the software system being used demonstrates a high level of accuracy.



Quiz Time

How often are SFAs required to request a confirmation review waiver?

- A** Each year a different software system is being used.
- B** Annually.
- C** Every other year.
- D** Only once.



Quiz Time

How often are SFAs required to request a confirmation review waiver?

- A** Each year a different software system is being used.
- B** Annually.
- C** Every other year.
- D** Only once.

The confirmation review waiver must be requested annually by each SFA that wishes to have the confirmation review waived for that PY's verification. It is expected that SFAs who conduct verification are aware of the confirmation review requirement and should request this waiver prior to the start of verification each year.



CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.



602-542-8700



ContactHNS@azed.gov



www.azed.gov/hns





Congratulations

**You have completed the Online Course:
How to Submit a Verification Confirmation
Review Waiver.**

Information to include when documenting this
training for Professional Standards:

**Training Title:
How to Submit a
Verification
Confirmation Review
Waiver**

**Key Area: 3000 – Administration
Learning Code: 3110
Length: 0.5 hour**

Please note, attendees must document the amount of training hours
indicated on the training despite the amount of time it takes to complete it.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Information to include when documenting this training for Professional Standards:

Training Title:
**How to Submit a
Verification
Confirmation Review
Waiver**

Key Area: 3000 – Administration
Learning Code: 3110
Length: 0.5 hour

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.





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