

Verification of Eligibility for School Meals



NATIONAL SCHOOL LUNCH PROGRAM
ILLINOIS STATE BOARD OF EDUCATION

General Definitions



- **Verification** – Confirmation of eligibility for free and reduced-price meals under the NSLP and SBP.
- **Direct verification** – Electronic or use of public agencies to verify income and/or program participation.
- **Error-prone** – A set dollar amount/range above or below Income Eligibility Guidelines.

General Definitions

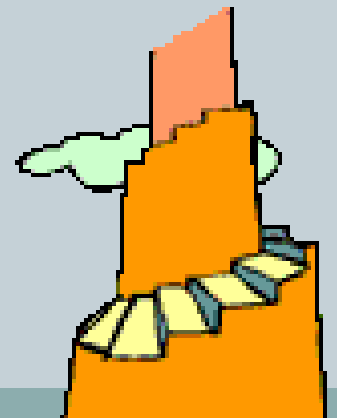


- **Random sampling** – Each household application has an equal chance of being selected. Each LEA should determine a selection interval.
- **Sample pool** – Total number of household applications on file as of October 1.
- **Sample size** – Number of household applications subject to verification.

Verification Process



- Step 1 – Select Sample
- Step 2 – Conduct Confirmation Review
- Step 3 – Complete Verification
- Step 4 – Notify Household
- Step 5 – Submit Verification Summary Report



Step 1 – Initial Verification Procedures



- Establishing the Sample Pool
 - The *Sample Pool* is the **total** number of **approved** SNAP/TANF and income applications on file as of October 1.

- Establishing the Sample Size
 - Once the sample pool is known, LEAs can calculate the *Sample Size*.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

- Hispanic/Latino
- Not Hispanic/Latino

Mark one or more racial identities:

- Asian
- Black or African American
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here: _____

SCHOOL USE ONLY—LEA must use annual conversion on all applications in district Convert income only if different

INITIAL DETERMINATION

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

Free based on:

- homeless
- migrant
- runaway
- Head Start

SNAP or TANF

- foster child
- household's income

Reduced based on:

- household's income

Denied—Reason:

- income too high
- incomplete application

Temporary:

- free
 - reduced
- Until: _____ (maximum is 45 days each)

Signature of Determining Official _____

Date Withdrawn: _____
Date: _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS ONLY.

CONFIRMATION (Prior to verification and only for those applications selected for verification.)

Signature of Confirming Official _____ Date: _____

VERIFICATION

DIRECT VERIFICATION COMPLETED

DATE VERIFICATION NOTICE SENT: _____

DATE RESPONSE DUE FROM HOUSEHOLD: _____
(recommend 10 calendar days)

DATE, METHOD, RESULTS OF FOLLOW-UP: _____
(recommend 3 business days)

INITIAL DETERMINATION

- Free based on SNAP/TANF case number
- Free based on income
- Reduced based on income

Mail Telephone Personal Contact
Results

VERIFICATION RESULTS:

- No Change
- Free to Reduced
- Free to Paid
- Reduced to Free
- Reduced to Paid

REASON FOR CHANGE:

- Income: \$ _____
- Household Size: _____
- Change in SNAP/TANF
- Did not respond
- Other: _____

DATE NOTICE OF STATUS CHANGE SENT: _____

EFFECTIVE DATE OF STATUS CHANGE: _____

Verifying Official's Signature _____

Date: _____

School Year 2011-2012 NSSTAP (6/11)

1. All Household Members

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 5 if you list a SNAP or TANF case number.										Check if NO Income	Check if Foster Child	
			-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box. X X X - X X - _ _ _ _ I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

_____ Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

- Hispanic/Latino
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Mark one or more racial identities:

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No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here: _____

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- SNAP or TANF
- foster child
- household's income

Reduced based on:

- household's income

Denied—Reason:

- income too high
- incomplete application

Temporary:

- free
 - reduced
- Until: _____ Until: _____
(maximum is 45 days each)

Signature of Determining Official _____

Date Withdrawn: _____
Date: _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS ONLY.

CONFIRMATION (Prior to verification and only for those applications selected for verification.)

Signature of Confirming Official _____

Date: _____

VERIFICATION

DIRECT VERIFICATION COMPLETED

DATE VERIFICATION NOTICE SENT: _____

DATE RESPONSE DUE FROM HOUSEHOLD: _____
(recommend 10 calendar days)

DATE, METHOD, RESULTS OF FOLLOW-UP: _____
(recommend 3 business days)

INITIAL DETERMINATION

- Free based on SNAP/TANF case number
- Free based on income
- Reduced based on income

- Mail
 - Telephone
 - Personal Contact
- Results _____

VERIFICATION RESULTS:

- No Change
- Free to Reduced
- Free to Paid
- Reduced to Free
- Reduced to Paid

REASON FOR CHANGE:

- Income: \$ _____
- Household Size: _____
- Change in SNAP/TANF
- Did not respond
- Other: _____

DATE NOTICE OF STATUS CHANGE SENT: _____

EFFECTIVE DATE OF STATUS CHANGE: _____

Verifying Official's Signature _____

Date: _____

School Year 2011-2012 NSSTAP (6/11)

1. All Household Members

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last

(for Student only)
School Name

(for Student only)
Grade

SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 5 if you list a SNAP or TANF case number.

Check if NO Income

Check if Foster Child

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 5 if you list a SNAP or TANF case number.										Check if NO Income	Check if Foster Child		
			1	2	3	4	5	6	7	8	9	0				
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Date

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box.

 X X X X - X X -
Social Security Number

I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

1. All Household Members

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last

(for Student only)
School Name

(for Student only)
Grade

SNAP OR TANF CASE NUMBER (if any, for each household member) Skip to Part 5 if you list a SNAP or TANF case number.

Check if NO Income

Check if Foster Child

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER (if any, for each household member) Skip to Part 5 if you list a SNAP or TANF case number.	Check if NO Income	Check if Foster Child
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Date

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A.	NAMES (LIST ALL HOUSEHOLD WITH INCOME)	Amount	How often?
i.			
ii.			
iii.		\$	
iv.		\$	
v.		\$	

**Applications based on
Categorical eligibility ARE NOT
included in application count.**

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box.

 - -
Social Security Number

I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

Sampling Method - *Standard/Basic*

- The required sample size is 3% of approved household applications on file as of October 1 **OR** 3,000 applications – Whichever is less.
- Count the total number of applications on file
 - SNAP/TANF or income applications (which includes foster children).

Error-Prone Guideline



- The 3% sample size should come from *error-prone* applications first.
- Approved applications that are within:
 - ✦ \$23.07/Week...
 - ✦ \$46.15/Every two weeks...
 - ✦ \$50/ Twice per month...
 - ✦ \$100/Month...
 - ✦ \$1200/Annually *of income eligibility guidelines.*
- ✦ If there are not enough *error-prone* applications on file to complete the sample size, additional applications may be randomly selected from all remaining *Income* OR *SNAP/TANF* applications.

Standard/Basic Example



- 1640 approved household applications on file as of October 1.
 $1640 \times .03 = 49.2$, round up to 50
- Scenario 1 - 500 error-prone applications on file
 - ✦ All 50 applications can be pulled from error-prone
- Scenario 2 - 40 error-prone applications on file
 - ✦ Pull all 40 error-prone applications, plus 10 additional applications pulled from all remaining household applications.

1. All Household Members

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last

(for Student only)
School Name

(for Student only)
Grade

SNAP OR TANF CASE NUMBER (if any, for each household member) Skip to Part 5 if you list a SNAP or TANF case number.

Check if NO Income

Check if Foster Child

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER (if any, for each household member) Skip to Part 5 if you list a SNAP or TANF case number.	Check if NO Income	Check if Foster Child
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Date

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. **Applications based on Categorical eligibility ARE NOT included in application count.**

NAMES (LIST ALL HOUSEHOLD WITH INCOME)	100/week	
	Amount	How often?
i.		
ii.		
iii.	\$	\$
iv.	\$	\$
v.	\$	\$

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box.

 - -
Social Security Number

I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

Step 2 – Confirmation Reviews



- Prior to contacting household or SNAP/TANF agency, LEAs must have a confirming official check the accuracy of the initial determination of all applications selected for verification.
- If correct:
 - The confirming official signs and dates the application in space provided and application is verified.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

- Hispanic/Latino
Not Hispanic/Latino

Mark one or more racial identities:

- Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, American Indian or Alaska Native

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here:

SCHOOL USE ONLY—LEA must use annual conversion on all applications in district Convert income only if different

INITIAL DETERMINATION

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ Per: Week, Every 2 Weeks, Twice a Month, Month, Year NUMBER IN HOUSEHOLD: CHANGE IN STATUS: Date

Free based on:

- homeless, migrant, runaway, Head Start, SNAP or TANF, foster child, household's income

Reduced based on:

- household's income

Denied—Reason:

- income too high, incomplete application

Temporary:

- free, reduced, Until: (maximum is 45 days each)

Signature of Determining Official

Date Withdrawn: Date:

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS ONLY.

CONFIRMATION (Prior to verification and only for those applications selected for verification.)

Signature of Confirming Official

Date:

VERIFICATION

DIRECT VERIFICATION COMPLETED

DATE VERIFICATION NOTICE SENT:

DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)

DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days)

INITIAL DETERMINATION

- Free based on SNAP/TANF case number, Free based on income, Reduced based on income

- Mail, Telephone, Personal Contact Results

VERIFICATION RESULTS:

- No Change, Free to Reduced, Free to Paid, Reduced to Free, Reduced to Paid

REASON FOR CHANGE:

- Income: \$, Household Size, Change in SNAP/TANF, Did not respond, Other:

DATE NOTICE OF STATUS CHANGE SENT:

EFFECTIVE DATE OF STATUS CHANGE:

Verifying Official's Signature

Date:

School Year 2011-2012 NSSTAP (6/11)

Confirmation Reviews



- If incorrect:
 - Status changed from free to reduced – Continue with verification of application.
 - Status changed from reduced to free – Change benefits within 3 days, notify household of change, and complete verification of application.
 - Status changed from free or reduced to paid – Send 10 day notice of change in benefits. Do not verify application - select replacement application.

Confirmation Reviews



- Decline to Verify Option
 - Up to 5 percent of applications selected sample may be declined for verification by LEAs.
 - Factors to consider: Household stability, language or communication barriers.
 - Applications removed must be replaced with another application of the same type.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

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Convert income only if different frequencies of pay are reported.

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DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)

DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days)

INITIAL DETERMINATION

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- Mail, Telephone, Personal Contact Results

VERIFICATION RESULTS:

- No Change, Free to Reduced, Free to Paid, Reduced to Free, Reduced to Paid

REASON FOR CHANGE:

- Income: \$, Household Size, Change in SNAP/TANF, Did not respond, Other:

DATE NOTICE OF STATUS CHANGE SENT:

EFFECTIVE DATE OF STATUS CHANGE:

Verifying Official's Signature

Date:

School Year 2011-2012 NSSTAP (6/11)

Step 3 – Complete Verification



- All applications selected for verification can be verified using the Direct Verification link on the Direct Certification system.
 - Login to IWAS, access Child Nutrition ACES
 - Select Direct Certification option
 - Once in Direct Certification system, click on Direct Verification link

Direct Verification



- For SNAP/TANF Applications:
 - *Application Date*
 - *SNAP/TANF Case Number*

- For Income Applications:
 - *Application Date*
 - *First Name*
 - *Last Name*
 - *City*

Direct Verification



ISBE -> Direct Certification - Windows Internet Explorer

https://secqa1.isbe... Illinois St... Bing

File Edit View Favorites Tools Help

ISBE -> Direct Certification

Download Files
File Upload Match
Single Child Match
Direct Verification
Contact Us
Change RCDT

Direct Verification

The *Electronic Direct Certification System* may be used to conduct Direct Verification ONLY those Household Eligibility Applications selected for verification as part of October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Applications upon receipt from the family.

If at least one of the students listed on the Household Eligibility Application matched through the *Direct Verification link*, then the application is considered verified and no further contact with the household is needed. Print and attach documentation to the application for proof of verification. If none of the students listed on the Household Eligibility Application are matched through the Direct Verification then the household must be contacted and documentation requested using traditional verification procedures.

An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and by entering one of the search criteria below:

1. SNAP/TANF case number or
2. First name, last name, and city.

Type of Search

Case Number Name and Address

Search Criteria

Application Date * mm/dd/yyyy

Case Number *

* required field

The following errors must be corrected before continuing:

- Application date must be between July 1st and today.

Done Internet | Protected Mode: Off 100%

ISBE -> Direct Certification - Windows Internet Explorer

https://secqa1.isbe... Illinois St... Bing

File Edit View Favorites Tools Help

ISBE -> Direct Certification

Download Files
File Upload Match
Single Child Match
Direct Verification
Contact Us
Change RCDT

Direct Verification

The *Electronic Direct Certification System* may be used to conduct Direct Verification ONLY those Household Eligibility Applications selected for verification as part of October 1 sample. Because completed Household Eligibility Applications must be accepted at face value, this system cannot be used to check or verify Household Eligibility Applications upon receipt from the family.

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An LEA may conduct Direct Verification by entering the approval date of the Household Eligibility Application and by entering one of the search criteria below:

1. SNAP/TANF case number or
2. First name, last name, and city.

Type of Search

Case Number Name and Address

Search Criteria

Application Date * mm/dd/yyyy

First Name *

Last Name *

City

* required field

No Matching Records Found.

Done Internet | Protected Mode: Off 100%

10:08 AM

Traditional Verification

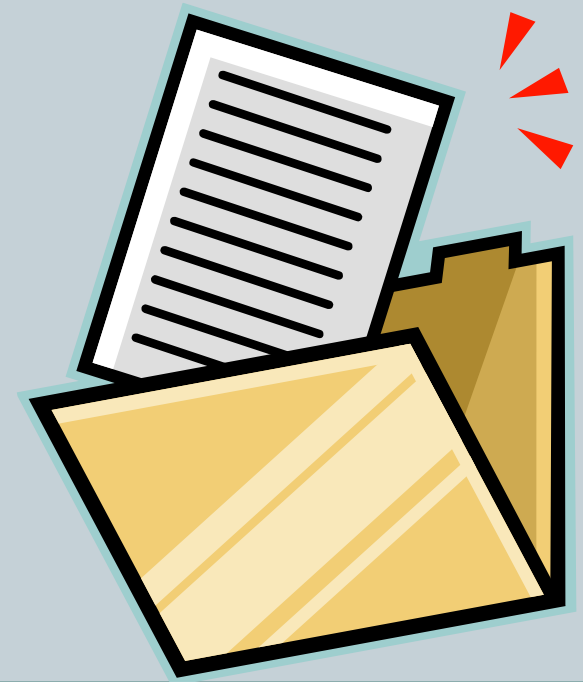


- LEA must notify household about application being selected for verification.
- Notice requires household to submit documentation to confirm eligibility.
 - Documentation submitted may be from one month prior to application date up until the time the verification notice is received.
- Notice should include a contact and toll-free phone number. In lieu of a toll free number, schools must allow collect calls.

SNAP/TANF Documentation



- Written Evidence
- Collateral Contacts
- Agency Records



Income Documentation



- Ensure documentation is received for all incomes reported on the original Household Eligibility Application.
- Re-determine eligibility using **GROSS** income and the appropriate conversions.
 - Examples of income include, but are not limited to: Child support, wages/salary, workers compensation, social security, disability, royalties, etc.

Process After Notification

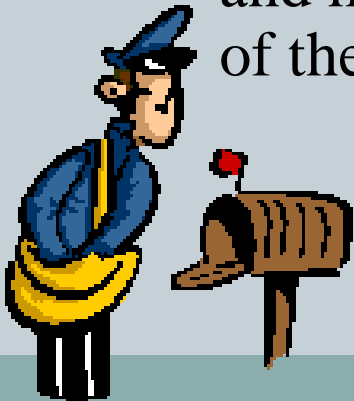


- If the household does not respond to verification requests, the LEA must make at least one additional attempt to obtain verification.
 - The attempt may be through the mail, by telephone, by electronic mail, or through personal contact.
 - LEA must document all attempts and the results (space provided on application).

Notifying Household of Results



- All households must be notified of the results.
- If verification results in:
 - **No change to the benefit level**, notify the household.
 - **Increased benefits (reduced to free)**, notify the household and make the change in benefits within three operating days of the new determination.



Notifying Household of Results



- If verification results in:
 - **Decreased or terminated benefits (free to paid, reduced to paid, or free to reduced),** notify the household providing them the required ten calendar day written advance notice. The first day of the notice is the day the notice is sent.

Benefits During an Appeal



- Appeal must be made within the 10 calendar days of receiving notice
- Original benefit determination remains in place until final outcome of appeal.
- LEA still claims meals in original benefit category until appeal is complete.

Households That Reapply for Benefits



- If benefits to a household have been terminated or reduced as a result of verification and the household reapplies:
 - The household is required to submit income documentation or proof of participation in SNAP or TANF prior to approval.
 - These applications are not considered new applications.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

- Hispanic/Latino
- Not Hispanic/Latino

Mark one or more racial identities:

- Asian
- Black or African American
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here: _____

SCHOOL USE ONLY—LEA must use annual conversion on all applications in district.

Convert income only if different frequencies of pay are reported.

INITIAL DETERMINATION

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

Free based on:

- homeless
- migrant
- runaway
- Head Start
- SNAP or TANF
- foster child
- household's income

Reduced based on:

- household's income

Denied—Reason:

- income too high
- incomplete application

Temporary:

- free
- reduced
- Until: _____
- Until: _____
- (maximum is 45 days each)

Signature of Determining Official _____

Date Withdrawn: _____
Date: _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS ONLY.

VERIFICATION

DIRECT VERIFICATION COMPLETED <input type="checkbox"/>	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT: _____
DATE VERIFICATION NOTICE SENT: _____	<input type="checkbox"/> Free based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____	
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)	<input type="checkbox"/> Free based on income	<input type="checkbox"/> Free to Reduced	<input type="checkbox"/> Household Size: _____	
	<input type="checkbox"/> Reduced based on income	<input type="checkbox"/> Free to Paid	<input type="checkbox"/> Change in SNAP/TANF	EFFECTIVE DATE OF STATUS CHANGE: _____
		<input type="checkbox"/> Reduced to Free	<input type="checkbox"/> Did not respond	
		<input type="checkbox"/> Reduced to Paid	<input type="checkbox"/> Other: _____	
DATE, METHOD, RESULTS OF FOLLOW-UP: _____ (recommend 3 business days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact	Verifying Official's Signature _____		Date: _____
	Results			

School Year 2011-2012 NSSTAP (6/11)

Step 5 – Complete VSR



- SFA verification process must be completed by November 15.
 - Application count
 - Student count
 - Households contacted, responses and/or required supporting documents received
- Results of verification process must be submitted by December 15.

Important Verification Dates



- October 1 – *Approved Household Application count* Count of current years approved applications on file – Sample Pool
- Last Operating Day of October – *Student Count* Count of free and reduced-price eligible students by category - Direct certification, categorically eligible, SNAP/TANF applications, and income application
- November 15 – LEA must have verification process completed
- December 15 – Deadline for submitting Verification Summary Report



Verification for Cause



- LEA has obligation to verify questionable applications.
- These applications are in addition to the 3% sample.
- Must follow Steps 2-4 of the Verification Process.
 - Step 1 – Select Sample
 - Step 2 – Conduct Confirmation Review
 - Step 3 – Complete Verification
 - Step 4 – Notify household
 - Step 5 – Submit Verification Summary Report (VSR)
- Applications verified ***for cause*** are **not** included in the required on-line Verification Summary Report.

Verification Instructions



- Available at:

<http://www.isbe.net/nutrition/htmls/instructions.htm>

The screenshot displays the Illinois State Board of Education website. At the top, the logo and name of the board are visible, along with the names of the Board Chair and State Superintendent. A navigation menu includes links for ISBE Home, Site Map, Funding Opps, IWAS, ECS, FRIS Inquiry, and Programs. The main content area is titled "Nutrition Programs" and contains a sub-section for "Instructions for Online Applications and Reports". Under this sub-section, there are four main categories, each with a list of links:

- School-Based Child Nutrition Programs**: Includes links for Claims for Child Nutrition Programs, Annual Financial Report, Sponsor and Site Application (Updated 9/09), Verification Summary Report, and a sample form. A note states that the Verification Summary Report must be submitted through ACES.
- Summer Food Service Program**: Includes links for SFSP Current Sponsor Application and SFSP New Sponsor Application.
- Child and Adult Care Food Program**: Includes a link for Annual Financial Report Instructions (CACFP).
- IWAS-ISBE Web Application Security**: A note stating that Sponsor Applications and Site Applications, as well as reports and Claims for Reimbursement, are submitted online through IWAS.

On the left side of the page, there is a "Search ISBE:" section and a vertical menu with various navigation options. On the right side, there is a "Resources" section with a list of links. At the bottom of the page, there is an "Agency General Information" section with contact details and a footer with various links.

Verification Forms and Documents



- Available at:

http://www.isbe.net/nutrition/htmls/forms_sbn.htm

Nutrition Programs
School-Based Child Nutrition Programs Forms, Documents, and Resources

Note: Some documents are in pdf format and may contain form fields. In order for them to work correctly please visit <http://www.adobe.com> to download the latest version of Adobe Reader.

- ▶ **Household Eligibility Information**
 - ▶ Disclosure Information for National School Lunch
 - ▶ Disclosure of Student Eligibility
 - ▶ Electronic Direct Certification Process
 - ▶ Eligibility Guidance Manual for School Meals (USDA Guidance)
 - ▶ Household Eligibility Applications and Documents
 - ▶ Notification that Temporary Approval Expiring Soon
- ▶ **Verification Information**
 - ▶ Forms and Documents for Application Process (Updated 1/2009)
 - ▶ Use Home Schooling Your Application
 - ▶ Use Mail Your Application
 - ▶ Use Home Visits Your Application
 - ▶ National Performance Accreditation Form (NPA) (Updated 1/2009)
 - ▶ www.isbe.net/nutrition/htmls/verification_forms_sbn.htm
- ▶ **Menu Planning**
 - ▶ A Menu Planner for Healthy School Meals
 - ▶ Determining Credibility of Breakfast Cereals
 - ▶ Enriched Macaroni Products with Fortified Protein
 - ▶ Exemptions Under the Competitive Foods Regulation (Updated 2/2009)
 - ▶ Food Slugging Guide for Child Nutrition Programs
 - ▶ This is a link to the USDA website where the document can be downloaded. The handbook provides information to help serve meals that meet USDA requirements for any of the Child Nutrition Programs and assist food service personnel and purchasing agents in the purchase of the proper amount of food. (Published March 2002. U.S. Department of Agriculture Food and Nutrition Service)
 - ▶ Menu Planning Options
 - ▶ Production Records
- ▶ **Nutrition-Related Entities**
 - ▶ Action for Healthy Kids (AHK)
 - ▶ Food and Nutrition Service (FNS)
 - ▶ Food Safety and Inspection Service (FSIS)
 - ▶ Illinois Nutrition Education and Training (INET)
 - ▶ National Coalition for Food Safe Schools (NCFSS)
 - ▶ National Food Service Management Institute (NFSMI)
 - ▶ Nutrition.gov
 - ▶ School Nutrition Association (SNA)

- Contact information:

- www.isbe.net/nutrition

- 800.545.7892 or 217.782.2491

- cnp@isbe.net