

# Verification

SY 2021-2022

---

---

---


---

---

---

---

---



## Objectives

- ▶ Identify the steps required for Verification
- ▶ Calculate an accurate sample size and verify the correct number of applications
- ▶ Learn and follow the Verification timelines and procedures

---

---

---

---

---

---

---

---



## What is Verification?

- ▶ Verification is the confirmation of eligibility for free and reduced price meals in the NSLP and SBP based on submitted applications
- ▶ Verification begins October 1 and must be completed by November 15

---

---

---


---

---

---


---

---



### Who is Required to do Verification?

- ▶ All SFAs that collect free and reduced price meal applications
- ▶ Includes SFAs operating Seamless Summer Option (SSO) that collected free and reduced price meal applications




---

---

---


---

---

---

---

---



### Important Dates

DATE	ACTIVITY
October 1	<ul style="list-style-type: none"> <li>• Verification begins</li> <li>• Count the total # of approved applications on file</li> <li>• Select sample</li> </ul>
Last operating day in October	Determine the total # of enrolled students
November 15	Verification ends
December 10	Submit SFA Verification Collection Report (FNS-742) in HCNP Systems by this date

**Refer to "Schedule to Help You Meet the Verification Deadlines"**

---

---

---


---

---

---


---

---



### October 1<sup>st</sup> – Begin Verification

- ▶ Organize applications
  - ▶ Sort by category:
    - ▶ Categorically eligible
    - ▶ Free by income – *mark error prone applications*
    - ▶ Reduced price – *mark error prone applications*
    - ▶ Denied
    - ▶ Transferred/Withdraw




---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Error Prone Applications

- Income applications with reported income within **\$100 per month** or **\$1200 per year** of the Income Eligibility Guidelines (IEGs)

**EXAMPLE:**

Total Income: \$750 weekly      Annual: \$39,000  
 Household size: 4                      (\$750 x 52 weeks)

FREE		REDUCED PRICE	
Family Size	Yearly	Family Size	Yearly
4	\$39,624	4	\$56,388

**Error prone**

---

---

---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Determine Your Sample Pool

- Count the total number of approved **applications** as of October 1<sup>st</sup> of the current school year by category
- Record the numbers on HCNP's *Form V-7a October 1 Counting Applications*

---

---

---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Form V-7a October 1 Counting Applications

SFA Name: \_\_\_\_\_ Form V-7a  
 Verification Collection Report - Counting Applications SY 2021-22

Collect the following information on **OCTOBER 1**

4-1 A Number of approved as categorically **FREE** Eligible (based on documentation such as a case number)

4-2 A Number of approved as **FREE** Eligible applications (based on household size and income information)

4-3 A Number of approved as **REDUCED PRICE** Eligible applications (based on household size and income information)

Transfer the number of applications to Section 4 A on FNS-742

Selecting Applications For Verification

TOTAL (4-1A) + (4-2A) + (4-3A)

5-3  Standard Verification: 3% of total applications  
To be used by all Hawaii SFA unless an alternate method is approved. Check this one on the Verification Report.

5-4 Total number of **ERROR PRONE** applications (ERROR PRONE: reported income is within \$100/month or \$1200/year of income eligibility guidelines (both free and reduced price))

5-5 Number of error prone applications selected for verification  
Total number of applications above (3A-1A) + (4-2A) + (4-3A) X (.03)

**Enter number of approved applications as of October 1**

**Enter number of error prone applications**

---

---

---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Calculate Your Sample Size

- ▶ The number of applications subject to verification
- ▶ Lesser of 3% or 3,000 total approved applications
  - ▶ All fractions or decimals are rounded up to nearest whole number, i.e. 1.3 becomes 2
  - ▶ Must verify at least 1 application
  - ▶ Use *Form V-7a* to calculate number of applications to verify

---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Form V-7a October 1 Counting Applications

5-5 Number of error prone applications selected for verification  
 Total number of applications above [(4-1A) + (4-2A) + (4-3A)] X (.03)

Cheat sheet for calculating the number of applications to verify.

If you have	The number to verify is
0-33 approved applications for free and reduced price meals	1
34-66 approved applications for free and reduced price meals	2
67-100 approved applications for free and reduced price meals	3
101-133 approved application for free and reduced price meals	4
134-166 approved applications for free and reduced price meals	5

**Enter Sample Size**

---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Sample Size – Select Applications

- ▶ Select from **error prone** applications **FIRST** **IMPORTANT**
  - ▶ If there are more error prone applications than the required sample size, randomly select from the error prone applications
  - ▶ If there are not enough error prone applications to meet the required sample size, randomly select from your Sample Pool (other income applications and categorical eligible applications)

---

---

---


---

---


---

---

---

 **Sample Size - Reminders**

- ▶ Do not verify more than or less than the required sample size
- ▶ Do not verify 100% of applications
- ▶ Do not verify an application that was verified the previous year



---

---

---


---


---

---

---

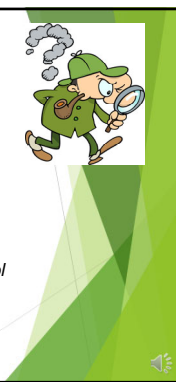
---

 **Post Selection Procedures**



▶ **CONFIRMATION REVIEWS**

- ▶ Confirmation Official must review each approved application selected for verification to ensure the initial determination was accurate
- ▶ (Refer to p. 103-104 of *Eligibility Manual for School Meals, July 2017* for action to take if the confirmation review results in a change in status)



---

---

---


---

---


---

---

---

 **Post Selection Procedures**

- ▶ Case-by-case basis: Replacing Applications
  - ▶ Up to **5%** of selected applications may be replaced due to the belief that a household may be unable to satisfactorily complete the verification request. The same rules on error prone, rounding, and confirmation apply.



---

---

---


---

---


---

---

---

 **Notify Households of Selection**

- ▶ Each household selected for verification must be sent a letter informing them of their selection and of the types of information they need to provide the SFA
- ▶ HCNP's letter template "*We Must Check Your Application*" is available on HCNP's website
- ▶ Keep a copy of the letter for your records



---

---

---


---

---

---

---

---

 **Verification Documents**

- ▶ Written evidence is the primary source of eligibility confirmation
  - ▶ Examples:
    - ▶ Pay stubs (includes name of household member, amount of income received, frequency and date)
    - ▶ Statement from an agency stating the child is a member of a household receiving benefits
- ▶ SFA decides when adequate information has been provided to complete the verification activity

---

---

---

---

---

---

---

---

 **Next, please view Part 2 of the Verification presentation**

- ▶ Go to: <http://hcnp.hawaii.gov/training-resources/>
- ▶ **Part 2 – Verification presentation**

---

---

---

---

---

---

---

---

**Verification**  
**Part 2**  
SY 2021-2022



---

---

---

---

---




---

---

---

**Follow Up Requirement**

- ▶ At least one follow up attempt must be made and documented for households that do not adequately respond
- ▶ See p. 112-113 in the *Eligibility Manual for School Meals, July 2017* for detailed information on the follow up requirement



---

---

---

---

---



---

---

---

**Completing Verification**

- ▶ Scenarios: See p. 113-114 in the *Eligibility Manual for School Meals, July 2017*
  - ▶ The household or agency submits adequate evidence
  - ▶ The documentation supports a change in benefits
  - ▶ The household indicates verbally or in writing that it no longer wishes to receive meal benefits



---

---

---

---

---

---


---

---

**Hawaii Child Nutrition Programs**

## Notify Households of Result

- ▶ Households must be notified of the verification results
  - ▶ See p. 114 in the *Eligibility Manual for School Meals, July 2017*
- ▶ HCNP's letter template "*We Have Checked Your Application*" is available on HCNP's website
- ▶ Keep a copy of the letter for your records




---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Verification Results in Change in Status

- ▶ Increase in benefits:
  - ▶ Change immediately
- ▶ Reduction or termination of benefits:
  - ▶ Must provide 10 day written advance notice
  - ▶ Refer to "*Schedule to Help You Meet the Verification Deadlines*"

Reduced Price to Free

Free to Reduced Price  
 Free to Paid  
 Reduced Price to Paid

---

---

---

---

---

---

---

---

**Hawaii Child Nutrition Programs**

## Additional Information

- ▶ Households have a right to appeal decisions
- ▶ If a new application is submitted, it must still be verified

---

---

---

---

---

---

---

---





## Verification for Cause

(outside of the regular verification process)

- ▶ Each SFA has an obligation to verify all questionable applications
- ▶ The same standard verification procedures are followed
- ▶ See p. 99-100 in *Eligibility Manual for School Meals, July 2017* for additional information

---

---

---

---

---


---

---

---

---

---



## Last Operating Day in October

### Form V-7b

#### Counting Students

SFA Name: \_\_\_\_\_ Form V-7b

Verification Collection Report - Counting Students

On the last operating day in October, complete Sections 3B and 4B. (Enter 00 if amount has been completed on October 1.)

Section 3. Students approved as FREE eligible but not subject to verification. These students are certified free based on documentation received directly from another agency.

3.2. Number of students directly certified through the SNAP method, including students with extended benefits based on residency in a household that has been directly certified with SNAP?

3.3. Students directly certified through another agency's documentation:

TANF	<input type="checkbox"/>
FDPIE - not a meal	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Migrant	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Other	<input type="checkbox"/>
Not applicable but reported by food official	<input type="checkbox"/>
Total	<input type="checkbox"/>

Do not include students already included in 3.2B.

3.4. B. Students certified categorically eligible through SNAP later method, not used as Hawaii?

Section 4. Students subject to verification process (see application)

4.1. B. Approved as categorically FREE Eligible (changes - see notes for SNAP, TANF and FDPIE. Base price on an application, extended benefits on SNAP and TANF programs, such as SNAP transfer to a private household member, extends benefit to all students in the household).

4.2. B. Approved as Free based on household size and income.

4.3. B. Approved as Reduced Price based on household size and income information.

T-1 Free Students Total of (3.2B) + (3.3B) + (3.4B) + (4.1B) + (4.2B) + (4.3B) if applicable

T-2 Reduced Price Students Total of (4.3B) + (4.3B) if applicable

---

---

---

---

---


---

---

---

---

---



## Form V-7c

### Results of Verification by Original Benefit Type

SFA Name: \_\_\_\_\_ Form V-7c

#### Section 5-8 - Results of Verification by Original Benefit Type

A. FREE-Categorically Eligible (Certified as FREE based on SNAP, TANF/FDPIE case number and foster children on application)				B. FREE-Income (Certified as FREE based on income/household size application)				C. REDUCED PRICE - Income (Certified as REDUCED-PRICE based on income/household size application)			
Result Category	Applications	Students		Result Category	Applications	Students		Result Category	Applications	Students	
1. Response NOT CHANGED				1. Response NOT CHANGED				1. Response NOT CHANGED			
2. Response Changed to FREE				2. Response Changed to FREE				2. Response Changed to FREE			
3. Response Changed to FWD				3. Response Changed to FWD				3. Response Changed to FWD			
4. NOT Response Changed to FWD				4. NOT Response Changed to FWD				4. NOT Response Changed to FWD			

VC-1 Total questionable applications verified for cause (Enter "N/A" if not applicable)

Report the number of applications as of November 1/20 verified for cause (0, 000000 to 99,999,999,999)

---

---

---

---

---


---

---

---


---

---

 **Reporting the Results**

- ▶ The information and results from each year's verification is reported on the SFA Verification Collection Report (FNS-742) in HCNP Systems
- ▶ **Due December 10, 2021**

*Have your Forms V-7a, V-7b, and V-7c ready to help you complete the Verification Collection Report*



---

---

---


---

---


---

---

---

 **Recordkeeping**

- ▶ Keep all of your Verification documentation



---

---

---


---

---

---

---

---

 **Resources**

- ▶ Go to HCNP's website (NSLP section): <https://hcnp.hawaii.gov/overview/nslp/>, click on "Program Resources"
- ▶ To access the Eligibility Manual for School Meals, click on "NSLP Program Resources"
- ▶ To access the Verification forms and letter templates, click on "Verification"

---

---

---


---

---


---

---

---

 **Pop Quiz**

▶ Link to Google Forms Quiz:  
<https://forms.gle/qo2kpEaSGTst8YDj6>




---

---

---


---


---

---

---

---

 **Questions?**



**Contact the NSLP Team:**

**Rachel Itano** [rachel.itano@k12.hi.us](mailto:rachel.itano@k12.hi.us)  
**Kasey Kawamoto** [kasey.kawamoto@k12.hi.us](mailto:kasey.kawamoto@k12.hi.us)  
**Shirley Robinson** [shirley.robinson@k12.hi.us](mailto:shirley.robinson@k12.hi.us)

---

---

---


---

---

---

---

---

 In accordance with Federal civil rights law and U.S. 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 <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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: (1) 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

---

---

---

---

---

---

---

---