# FNS-742 Verification Collection Report

RCCI and CEP Schools

SY 2022-23
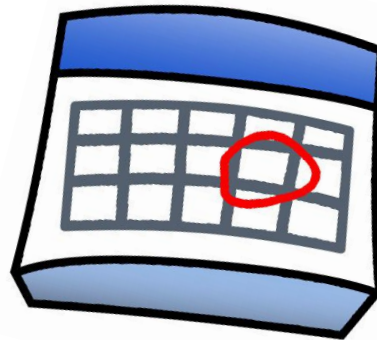
Hawaii
Child
Nutrition
Programs

# FNS-742 – What is it?

► The FNS-742, also known as the **Verification Collection Report**, is an annual report submitted to the USDA

► It is a report that explains the results of verification for each participating SFA, and must be completed by **ALL** SFAs, *including Community Eligibility Provision (CEP) Schools and Residential Child Care Institutions (RCCI)*

► As an SFA, you are responsible for completing the report and submitting it to HCNP for processing and forwarding

# FNS-742 Deadline

▶ Submit Verification Collection Report (FNS-742) in HCNP Systems by **December 9, 2022**

# FNS-742 in HCNP Systems

► Log into HCNP Systems

 ► http://www.cnpweb.org/hawaii/Login

| Checklist | Applications | Forms | Claims | Payments | Training | Users |
|---|---|---|---|---|---|---|
| **Form Name** | **Revision** | **Status** | | **Date Approved** | | **Action** |
| **October Survey** | Survey to be filled on last day of October 2022 | | | | | |
| **Verification Report** | Complete the verification process no later than November 15. Complete the SFA Verification Collection Report (FNS-742) by the announced deadline. | | | | | + |

► Go to the Forms tab

► Click the **+** symbol for the Verification Report (circled in red above)

# Section 1 – Sites and Students

## Section 1 - Sites and Students

| Total Schools, Residential Child Care Institutions (RCCIs) and Enrolled Students | All SFAs must report Section 1 | A. Number of Schools OR Institutions | B. Number of Students |
|---|---|---|---|
| | 1-1: Total schools (Do not include RCCIs): | 🟥 | 🟥 |
| | 1-2: Total RCCIs (Do not include schools counted in 1-1): | 🟨 | 🟨 |
| | 1-2a: RCCIs with day students (Report only day students in 1-2aB): | | |
| | 1-2b: RCCIs with NO day students: | 🟨 | 🟨 |

- **CEP SFAs:** Complete 1-1A: Total Number of Schools/Sites and 1-1B: Total Number of Students (red boxes)

- **RCCIs ONLY:** DO NOT complete 1-1A or 1-1B. Instead, complete lines 1-2A, 1-2B, 1-2bA, and 1-2bB (yellow boxes)

- These numbers must be reflective of the **last operating day in October**

# Section 2 – Alternate Provisions

## Section 2 - Alternate Provisions

| SFAs with schools operating alternate provisions | ONLY SFAs with alternate provisions must report Section 2 | A. Number of Schools AND Institutions | B. Number of Students |
|---|---|---|---|
| | 2-1: Operating Prov 2/3 in Base Year for NSLP or SBP: | | |
| | 2-2: Operating Prov 2/3 in NON BASE year for NSLP and SBP: | | |
| | 2-2a: Provision 2/3 students reported as FREE in a NON BASE year: | | |
| | 2-2b: Provision 2/3 students reported as REDUCED PRICE in a NON BASE year: | | |
| | 2-3: Operating the Community Eligibility Option: | 🟥 | 🟥 |
| | 2-4: Operating other alternatives for NSLP and SBP: | | |
| | 2-5: Operating an alternate provision(s) for only SBP or only NSLP: | | |

▶ **CEP SFAs:** Complete both 2-3A and 2-3B (**red boxes**) entering the same numbers entered in Section 1

▶ **RCCIs:** Skip Section 2 and proceed to Section 3

# Section 3 – Direct Certification

**Section 3 - Direct Certification**

| | ALL SFAs must report Section 3 or check box 3-1 if applicable | B. Number of FREE Students |
|---|---|---|
| Students approved as FREE eligible NOT subject to verification | 3-1: ☐ Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification with SNAP (i.e. NON BASE year Provision 2/3 for all schools). | |
| | 3-2: Students directly certified through Supplemental Nutrition Assistance Program (SNAP): Do not include students certified with SNAP through the letter method. | |
| | 3-3: Students directly certified through other programs: Include those directly certified through Temporary Assistance for Needy Families (TANF) or Medicaid, and those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials. DO NOT include SNAP students already reported in 3-2. | |
| | 3-4: Students certified categorically FREE eligible through SNAP letter method: Include students certified for free meals through the family providing a letter from the SNAP agency. | |

▶ **RCCIs and CEP SFAs:  check** box 3-1, **skip Section 4,** and proceed to Section 5

# Section 5 – Free and Reduced Applications (not directly certified)

## Section 5 - Free and Reduced Applications (not directly certified)

**ALL SFAs must report Section 5 or check box 5-1 if applicable**

5-1: ☐ Check the box only if all schools and/or RCCIs are exempt from verification (see instructions for list of exemptions). If 5-1 is checked, no further reporting in Section 5 is required.

| 5-2: Was Verification performed and completed? | 5-3: Type of Verification process approved on the Sponsor Application: |
|---|---|
| ○ Yes, completed by November 15th | 1. ○ Standard (Lesser of 3% or 3,000 error-prone) |
| ○ Yes, completed after November 15th | 2. ○ Alternate one (Lesser of 3% or 3,000 selected randomly) |
| ○ No, verification was NOT performed or the process was not completed. | 3. ○ Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent of 500 applications with SNAP/TANF/FDPIR case numbers) |

| If 1 or 3 is checked in 5-3, report 5-4. If 2 is checked in 5-3, enter "N/A" in 5-4 | Report all applications as of October 1st considered error prone | | Mandated size of verification sample: | 0 |
|---|---|---|---|---|
| | 5-4: Total ERROR PRONE applications: | | 5-5: Number of applications selected for verification sample: | |

► After skipping Section 4, both RCCIs and CEP SFAs will **check Box 5-1**. No further action is required in Section 5, proceed to Section 6

# Section 6 – Verification for Cause / Certification

## Section 6 - Verification for Cause / Certification

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

Report the number of applications as of November 15th verified for cause in addition to the verification requirement.

▶ Before signing and submitting form, both RCCIs and CEP SFAs must write "N/A" in VC-1.  Do not include quotations, write exactly as **N/A**

# Section 6 – Verification for Cause / Certification



- Complete the report by entering your information in 6-1 and **check** Box 6-2.

- Click the Save button. If any errors are identified, correct all errors and click Save.

- Double check that the Verification Report is in **'Pending Approval' status**. HCNP will review for accuracy and let you know if any changes are needed.

**Hawaii Child Nutrition Programs**

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

**fax:**
(833) 256-1665 or (202) 690-7442; or

**email:**
program.intake@usda.gov

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