

Verification
SY 2023-2024

Hawaii Child Nutrition Program

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

Hawaii Child Nutrition Program

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 2 and must be completed by November 15

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Who is Required to do Verification?

- ▶ All SFAs that collect free and reduced price meal applications
- ▶ SFAs that do not collect applications are not required to complete the verification process
 - RCCIs without day students
 - CEP district-wide
 - Provision 2 district-wide in non-base years



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Important Dates


DATE	ACTIVITY
October 2	<ul style="list-style-type: none"> • Verification begins • Count the total # of approved applications on file • Select sample
Last operating day in October	Determine the total # of enrolled students
November 15	Verification ends
December 8	Submit SFA Verification Collection Report (FNS-742) in HCNP Systems by this date

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

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October 2nd – 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



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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: \$850 weekly Annual: \$44,200
 Household size: 4 (\$850 x 52 weeks)

FREE		REDUCED PRICE	
Family Size	Yearly	Family Size	Yearly
4	\$44,850	4	\$63,825

Error prone

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Determine Your Sample Pool

- Count the total number of approved **applications** as of October 2nd of the current school year by category
- Record the numbers on HCNP's *Form V-7a October 2 Counting Applications*

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SFA Name: _____ Form V-7a
 Verification Collection Report - Counting Applications SY 2023-24

Form V-7a October 2 Counting Applications

Collect the following information on **OCTOBER 2**

4-1 A Number of approved as categorically **FREE** Eligible applications (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's 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/months or \$1200/year of income eligibility guidelines (both free and reduced price)

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

Reminder: when selecting applications to verify, select from error prone applications first

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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

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Form V-7a October 2 Counting Applications

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

Reminder: when selecting applications to verify, select from error prone applications first.
 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


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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.



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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



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Verification Coversheet

Attach to the front of each verified application

VERIFICATION COVERSHEET FOR SFA USE
 Attach to front of each application selected for verification Use to complete Form V-7c.

Name on Application: (student or family) _____ Date Verification Request Letter Sent: _____ Initials: _____
 Date Response Due from Household: _____ Date Received: _____
 Date 2nd Notice Sent, Follow-up, or N/A: _____ N/A Initials: _____

Number of students listed on application: _____

ORIGINAL APPROVAL BASED ON:

Free eligible based on Food Stamp/TANF/FDPIR Case Number
 Free eligible based on Household Size and Income
 Reduced eligible based on Household Size and Income

Confirmation Status: No Change Free Reduced Paid Date: _____

VERIFICATION RESULT:

<input type="checkbox"/> No Change in Status	Date	By	File	File Date	Signature	Date
<input type="checkbox"/> Responded; changed from reduced to free						
<input type="checkbox"/> Responded; changed from free to reduced						
<input type="checkbox"/> Responded; changed from free or reduced to paid						
<input type="checkbox"/> Did not respond						

RESULTS OF REAPPLICATION (Reapplied after November 15)

WITH SUPPORTING DOCUMENTS

Reapplied; Approved for Free based on Income/Household Size Information
 Reapplied; Approved for Free based on SNAP/TANF/FDPIR Case #
 Reapplied; Approved for Reduced/Free based on Household/Household Size Information
 Reapplied; DENIED based on Income/Household Size Information

Name of Reapplication Director: _____ Date Notice Sent: _____
 Date Status Changed: _____ Verifier's Signature: _____

Date Hearing Requested: _____
 Hearing Decision Date: _____
 Director's Office Signature: _____
 Verification Official's Signature: _____ Date: _____

8022 This validation is an equal opportunity provider.

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Verification Coversheet

VERIFICATION COVERSHEET FOR SFA USE
 Attach to front of each application selected for verification Use to complete Form V-7c.


Name on Application: (student or family) _____ Date Verification Request Letter Sent: _____ Initials: _____
 Date Response Due from Household: _____ Date Received: _____
 Date 2nd Notice Sent, Follow-up, or N/A: _____ N/A Initials: _____

Number of students listed on application: _____


ORIGINAL APPROVAL BASED ON:

Free eligible based on Food Stamp/TANF/FDPIR Case Number
 Free eligible based on Household Size and Income
 Reduced eligible based on Household Size and Income


Confirmation Status: No Change Free Reduced Paid Date: _____


 **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

 **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

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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



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Verification Results in Change in Status

- ▶ Increase in benefits:
 - ▶ Change immediately

Reduced Price to Free
- ▶ Reduction or termination of benefits:
 - ▶ Must provide 10 day written advance notice
 - ▶ Refer to "*Schedule to Help You Meet the Verification Deadlines*"

Free to Reduced Price
Free to Paid
Reduced Price to Paid

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Additional Information

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

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Verification Coversheet

Date 2nd Notice Sent, Follow-up, or N/A: N/A Initials: _____

VERIFICATION RESULT:

No Change in Status

Requestor	Initials	Date	Initials	Date	Initials	Date
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

RESULTS OF REAPPLICATION (Reapplied after November 15) WITH SUPPORTING DOCUMENTS

Reapplied, Approved for Free based on Income/Household Size Information
 Reapplied, Approved for Free based on SNAP/TKSP/FCPR Case #
 Reapplied, Approved for Reduced-Priced based on Income/Household Size Information
 Reapplied, DENIED based on Income/Household Size Information

Date of Reapplied Decision: _____ Date Notice Sent: _____
 Date Status Changed: _____ Verifier's Signature: _____

Date Hearing Requested: _____
 Hearing Decision Date: _____
 Hearing Official Signature: _____
 Verifying Official's Signature: _____ Date: _____

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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

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Last Operating Day in October

Form V-7b Counting Students

N/A Name: _____ Form V-7b

Verification Collection Report - Counting Students
 On the last operating day in October, complete Sections 3B and 4B. (Section 4A should have been completed on October 2)

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 B. Number of students directly certified through the SNAP match, including students with retroactive benefits based on residing in a household that has been directly certified with SNAP:

3-3 B. Students directly certified through another agency's documentation:

TKSP	<input type="checkbox"/>
FSPR (not in Hawaii)	<input type="checkbox"/>
Migrant	<input type="checkbox"/>
Romany	<input type="checkbox"/>
Former	<input type="checkbox"/>
Non-eligible but approved by local official	<input type="checkbox"/>
Total	<input type="checkbox"/>

Do not include students already counted in 3-2B. Total:

3-4 B. Students certified categorically eligible through SNAP letter method (not used in Hawaii):

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

4-1 B. Approved as categorically FREE Eligible (Example: Case number for SNAP, TKSP, or FSPR; letter cite on an application; retroactive benefits on SNAP and TKSP programs, such as SNAP number for grants, 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-Priced based on household size and income:

1-1 Free Students Total of (3-2B) + (3-3B) + (4-1B) + (4-2B) + (2-2B), if applicable:

1-2 Reduced-Priced Students Total of (4-3B) + (2-2B), if applicable:

Hawaii Child Nutrition Programs Form V-7c

SFA Name: _____

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

**Form V-7c
Results of
Verification by
Original
Benefit Type**

A. FREE-Categorically Eligible (Certified as FREE based on SNAP TANF/FDPIFS 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	A	B	Result Category	A	B
Applications	Students	Students	Applications	Students	Students
1. Response: NO CHANGE			1. Response: NO CHANGE		
2. Response: Change to REDUCED PRICE			2. Response: Change to REDUCED PRICE		
3. Response: Change to FWD			3. Response: Change to FWD		
4. NOT Response: Change to FWD			4. NOT Response: Change to FWD		

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 (L,ASSIST) to the verification requirement.

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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 8, 2023**

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


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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/mkYdLBcVAQAdRr1P7>



 **Questions?**



Contact the NSLP Team:
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 **Hawaii Child Nutrition Program**

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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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