

# FNS-742 Verification Collection Report

SFAs with Meal Applications  
SY 2024-25

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## 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

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## FNS-742 Deadline

- ▶ Submit the Verification Collection Report (FNS-742) in HCNP Systems by **December 13, 2024**

MARK YOUR CALENDAR!




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**Hawaii Child Nutrition Programs**

## Gather Your Completed Verification Forms

- ▶ **Forms V-7a, V-7b, and V-7c**
  - ▶ Slides will indicate when to use your forms so you can enter the information into the FNS-742
  - ▶ If you have not completed these forms, the forms are available at: <https://hcnp.hawaii.gov/overview/nslp/>
  - ▶ Click on Program Resources > Verification




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**Hawaii Child Nutrition Programs**

## FNS-742 in HCNP Systems

- ▶ Log into HCNP Systems
  - ▶ <https://hi.cnpus.com/cnp/Login>

Form Name	Revision	Status	Date Approved	Action
October Survey	Survey to be filled on last day of October 2024			
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)

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**Hawaii Child Nutrition Programs**

## Section 1 – Sites and Students

Section 1 - Sites and Students

All SFAs must report Section 1

		A. Number of Schools OR Institutions	B. Number of Students
Total Schools, Residential Child Care Institutions (RCCIs) and Enrolled 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:		

- ▶ In Box 1-1A, enter the total number of **schools/sites** in your SFA (**red box**)
- ▶ In Box 1-1B, enter the total number of **students** in your SFA (**yellow box**)
- ▶ These numbers must be reflective of the **last operating day in October**.

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**Hawaii Child Nutrition Programs**

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

**Use Form V-7a**

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 RCCs 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?  
 Yes, completed by November 15th  
 Yes, completed after November 15th  
 No, verification was NOT performed or the process was not completed.

5-3: Type of Verification process approved on the Sponsor Application:  
 1.  Standard (Lesser of 3% or 3,000 error-prone)  
 2.  Alternate one (Lesser of 3% or 3,000 selected randomly)  
 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/ITANF/FDPIR case numbers)

- In Field 5-2, answer the question.
- In 5-3, select the verification process that was used. All SFAs should have used the Standard Method.

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**Hawaii Child Nutrition Programs**

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

**Use Form V-7a**

If 1 or 3 is checked in 5-3, report 5-4. If 2 is checked in 5-3, enter "NA" in 5-4

Report all applications as of October 1st considered error prone

5-4: Total ERROR PRONE applications: 0

Mandated size of verification sample: 0

5-5: Number of applications selected for verification sample: 0

- In Box 5-4 (**red box**), enter the total number of *Error Prone* applications you had on file as of the beginning of Verification (**October 1**)
- In Box 5-5 (**yellow box**), enter the total number of applications your SFA selected to be verified

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**Hawaii Child Nutrition Programs**

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

ALL SFAs must report Section 5-7 or check box 5-6 if applicable

5-6:  Check the box if direct verification was not conducted in the SFA, (i.e. not one of the schools and/or RCCs in the SFA performed direct verification). If 5-6 is checked, skip 5-7.

Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/ITANF/MEDICAID as of November 15th

5-7: Confirmed through direct verification: 0 0

A. Number of Applications    B. Number of Students

- Direct Verification is using records from public agencies (e.g. Department of Human Services) to verify program participation.
  - Direct Verification is typically not done in Hawaii. If you think your SFA conducted Direct Verification for any application(s), enter the appropriate numbers in Box 5-7A (number of applications) and 5-7B (number of students)
- For most SFAs in Hawaii, Direct Verification is not conducted, so please check Box 5-6. Box 5-7A and 5-7B will therefore be left blank.

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**Section 6 – Verification for Cause / Certification**

Section 6 - Verification for Cause / Certification

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

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

- In Box VC-1, enter the number of applications your SFA verified for cause. Include the results of verification for cause in the appropriate category in Section 5-8.
- If your SFA did not verify any applications for cause, enter **N/A** in Box VC-1

Use Form V-7c

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**Section 6 – Verification for Cause / Certification**

6-1: Prepared by:  Phone Number:  Ext:  E-Mail:

6-2:  Check here when Verification information is complete and ready to submit to the State Agency.

- Complete the report by entering your information in 6-1.
- Click the Save button. If any errors are identified, correct all errors and click Save.
- After all errors have been corrected, **check** Box 6-2.
- 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.

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**QUIZ TIME!**

- Link to Google Forms Quiz:  
<https://forms.gle/Hx4aNG6uoD3cDeLC9>

Code word: December 13

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**Contact the NSLP Team:**

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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](mailto:program.intake@usda.gov)

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