



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






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 2025			
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

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**.

Section 2 – Alternate Provisions (CEP)

Section 2 - Alternate Provisions

ONLY SFAs with alternate provisions must report Section 2		A. Number of Schools AND Institutions	B. Number of Students
SFAs with schools operating alternate provisions	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:			

- This slide explains what to do if your SFA participates in the Community Eligibility Provision (CEP). Enter the number of schools/sites operating CEP in box 2-3A (**red box**) and the total number of students (as of the **last operating day in October**) in those schools/sites in box 2-3B (**yellow box**).
- If all of the schools/sites in your SFA accept meal applications, skip this section and proceed to Section 3

Section 3 – Direct Certification

Section 3 - Direct Certification

Use Form V-7b

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: <input type="checkbox"/> Check the box only if all schools and/or RCCs 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 through SNAP letter method: Include students certified for free meals through the family providing a letter from the SNAP agency.	

Enter 0

- In Box 3-2B (**red box**), enter the number of students in your SFA directly certified to receive free meals via SNAP.
- In Box 3-3B (**yellow box**), enter the number of students directly certified to receive free meals through **any method other than SNAP** (e.g. TANF, Foster Child, etc.).
- These numbers are again reflective of the **last operating day in October**
- In Box 3-4B, **enter 0** because this does not apply to Hawaii

Section 4 – Free and Reduced Applications (not directly certified)

Section 4 - Free and Reduced Applications (not directly certified)

Use Forms V-7a and V-7b

ALL SFAs collecting applications must report Section 4		A. Number of Applications	B. Number of Students
Students approved as FREE or REDUCED PRICE eligible through a household application	4-1: Approved as categorically FREE Eligible: Based on those providing documentation (e.g. a case number for SNAP or TANF on an application)		
	4-2: Approved as FREE eligible: Based on household size and income information		
	4-3: Approved as REDUCED PRICE eligible: Based on household size and income information		
	4-4: Approved as REDUCED PRICE eligible: Based on household size and income information		

T-1: Total FREE Eligible Students Reported: T-2: Total REDUCED PRICE Eligible Students Reported:

- Box 4-1A (**red box**) – enter the total number of applications (as of the start of Verification, **October 1**) that were approved as Categorically Free (e.g. the application had a SNAP case number)
- Box 4-1B (**yellow box**) – enter the total number of students (as of the **last operating day in October**) that were listed on the applications in Box 4-1A

Hawaii Child Nutrition Programs

Section 4 – Free and Reduced Applications (not directly certified)

Use Forms V-7a and V-7b

Section 4 - Free and Reduced Applications (not directly certified)

ALL SFAs collecting applications must report Section 4

Students approved as FREE or REDUCED PRICE eligible through a household application		A. Number of Applications	B. Number of Students
4-1: Approved as categorically FREE Eligible: Based on those providing documentation (e.g. a case number for SNAP or TANF on an application)			
4-2: Approved as FREE eligible: Based on household size and income information			
4-3: Approved as REDUCED PRICE eligible: Based on household size and income information			

T-1: Total FREE Eligible Students Reported: T-2: Total REDUCED PRICE Eligible Students Reported:

- ▶ Box 4-2A (**red box**) – enter the total number of applications (as of the start of Verification, **October 1**) that were approved as Free based on household size and income
- ▶ Box 4-2B (**yellow box**) – enter the total number of students (as of the **last operating day in October**) that were listed on the applications in Box 4-2A

Hawaii Child Nutrition Programs

Section 4 – Free and Reduced Applications (not directly certified)

Use Forms V-7a and V-7b

Section 4 - Free and Reduced Applications (not directly certified)

ALL SFAs collecting applications must report Section 4

Students approved as FREE or REDUCED PRICE eligible through a household application		A. Number of Applications	B. Number of Students
4-1: Approved as categorically FREE Eligible: Based on those providing documentation (e.g. a case number for SNAP or TANF on an application)			
4-2: Approved as FREE eligible: Based on household size and income information			
4-3: Approved as REDUCED PRICE eligible: Based on household size and income information			

T-1: Total FREE Eligible Students Reported: T-2: Total REDUCED PRICE Eligible Students Reported:

- ▶ In Box 4-3A (**red box**), enter the total number of applications (as of the start of Verification, **October 1**) that were approved as Reduced Price based on household size and income
- ▶ In Box 4-3B (**yellow box**), enter the total number of students (as of the **last operating day in October**) that were listed on the applications in Box 4-3A

Hawaii Child Nutrition Programs

Section 4 – Free and Reduced Applications (not directly certified)

Use Form V-7b

Section 4 - Free and Reduced Applications (not directly certified)

ALL SFAs collecting applications must report Section 4

Students approved as FREE or REDUCED PRICE eligible through a household application		A. Number of Applications	B. Number of Students
4-1: Approved as categorically FREE Eligible: Based on those providing documentation (e.g. a case number for SNAP or TANF on an application)			
4-2: Approved as FREE eligible: Based on household size and income information			
4-3: Approved as REDUCED PRICE eligible: Based on household size and income information			

T-1: Total FREE Eligible Students Reported: T-2: Total REDUCED PRICE Eligible Students Reported:

- ▶ In Box T-1 (**red box**), the system will calculate the **total** number of students eligible for free meals based on applications and direct certification (after clicking SAVE).
- ▶ In Box T-2 (**yellow box**), the system will calculate the **total** number of students eligible for reduced price meals based on applications (after clicking SAVE).

NOTE: If these totals do not look correct, recheck the data entered in Sections 3 and 4.

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.

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 "N/A" in 5-4

Report all applications as of October 1st considered error prone

5-4: Total ERROR PRONE applications: 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

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:

A. Number of Applications: 0

B. Number of Students: 0

► 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.

Hawaii Child Nutrition Programs

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

Use Form V-7c

5-8: Results of Verification by Original Benefit Type
For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4). Do NOT include students and applications already reported in 5-7a or 5-7b.

A. FREE - Categorically Eligible		B. FREE - Income		C. REDUCED PRICE - Income	
Certified as FREE based on SNAP/TANF documentation (e.g. case number) on application		Certified as FREE based on income/household size application		Income Certified as REDUCED PRICE based on income/household size application	
Result Category	a. Applications	b. Students	Result Category	a. Applications	b. Students
1. Responded, NO CHANGE			1. Responded, NO CHANGE		
2. Responded, Changed to REDUCED PRICE			2. Responded, Changed to REDUCED PRICE		
3. Responded, Changed to PAID			3. Responded, Changed to PAID		
4. NOT Responded, Changed to PAID			4. NOT Responded, Changed to PAID		

- Enter the results of verification in Section 5-8
- Every application your SFA verified must be listed here (including those verified for cause), in the appropriate part of the chart
- The total number of applications in this section must match the SUM of Box 5-5 and VC-1
- Proceed to the next slide for further instructions with this section

Hawaii Child Nutrition Programs

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

Use Form V-7c

5-8: Results of Verification by Original Benefit Type
For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4). Do NOT include students and applications already reported in 5-7a or 5-7b.

A. FREE - Categorically Eligible		B. FREE - Income		C. REDUCED PRICE - Income	
Certified as FREE based on SNAP/TANF documentation (e.g. case number) on application		Certified as FREE based on income/household size application		Income Certified as REDUCED PRICE based on income/household size application	
Result Category	a. Applications	b. Students	Result Category	a. Applications	b. Students
1. Responded, NO CHANGE			1. Responded, NO CHANGE		
2. Responded, Changed to REDUCED PRICE			2. Responded, Changed to REDUCED PRICE		
3. Responded, Changed to PAID			3. Responded, Changed to PAID		
4. NOT Responded, Changed to PAID			4. NOT Responded, Changed to PAID		

- Part A "FREE - Categorically Eligible" applications (e.g. case number on application); based on verification result (#1, #2, #3, or #4), enter number of applications in Column a (red boxes), and the number of students in Column b (yellow boxes)
- Do the same for Part B "Free – Income" and Part C "Reduced Price – Income"
- The next slide shows an example of how to complete Section 5-8

Hawaii Child Nutrition Programs

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

Use Form V-7c


EXAMPLE: an SFA verified one reduced price application with two students. The Verification Result was the household did not respond and the eligibility status was changed to paid.

5-8: Results of Verification by Original Benefit Type
For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4). Do NOT include students and applications already reported in 5-7a or 5-7b.

A. FREE - Categorically Eligible		B. FREE - Income		C. REDUCED PRICE - Income	
Certified as FREE based on SNAP/TANF documentation (e.g. case number) on application		Certified as FREE based on income/household size application		Income Certified as REDUCED PRICE based on income/household size application	
Result Category	a. Applications	b. Students	Result Category	a. Applications	b. Students
1. Responded, NO CHANGE			1. Responded, NO CHANGE		
2. Responded, Changed to REDUCED PRICE			2. Responded, Changed to REDUCED PRICE		
3. Responded, Changed to PAID			3. Responded, Changed to PAID		
4. NOT Responded, Changed to PAID			4. NOT Responded, Changed to PAID		

Based on the example above, this SFA would do the following:

- Go to Part C, Reduced Price – Income
- C.4.a: enter 1 (application)
- C.4.b: enter 2 (students)



Section 6 – Verification for Cause / Certification


Use Form V-7c

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




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.




QUIZ TIME!

▶ Link to Google Forms Quiz:
<https://forms.gle/io3m8YLGwoQnEBQA6>

Code word: FNS-742






Contact the NSLP Team:

Rachel Itano rachel.itano@k12.hi.us

Kasey Kawamoto kasey.kawamoto@k12.hi.us



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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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