


# Instructions for Completing the SFA Verification Collection Report

## Including an Example

**Verification Contact Information** - Update the information below to list the staff person we may contact if any questions arise related to this report

1. Name:

2. Email Address: 

3. Phone:  Ext:  Fax:

4. Title:

**Instructions :** Verification requirements vary depending on your type of facility:

SFAs - Operating NSLP/SBP	SFAs – Operating Provision 2 in a Non-Base Year SFAs – All sites are CEP RCCIs – No day students	RCCIs – With day students	Milk Camps & Special Milk Only Programs
<p><b>After October 1:</b></p> <ul style="list-style-type: none"> <li>Count the number of free &amp; reduced <u>applications</u> as of Oct 1.</li> <li>Subtract or remove any applications for students who are on the direct certification list.</li> <li>The remaining applications become the pool to select your <u>random</u> sample. If <u>error prone</u> is required, applications within \$100/mo or \$1200/yr of the income guidelines become the pool to select from.</li> <li>Begin the verification process</li> </ul>	<p><b>For SFAs: After October 1 and by November 15</b></p> <ul style="list-style-type: none"> <li>Complete the following sections of the verification report below:</li> <li>Complete 1-1</li> <li>Complete applicable questions in section 2</li> <li>Check the box in 3-1</li> <li>Skip Section 4</li> <li>Check the box in 5-1</li> <li>Click SAVE</li> <li>Click FINISH</li> </ul>	<p><b>After October 1:</b></p> <ul style="list-style-type: none"> <li>Count the number of free &amp; reduced <u>applications</u> as of Oct 1.</li> <li>Subtract or remove any applications for students who are on the direct certification list.</li> <li>The remaining applications become the pool to select your random sample. If <u>error prone</u> is required, applications within \$100/mo or \$1200/yr of the income guidelines become the pool to select from.</li> <li>Begin the verification process</li> </ul>	<p><b>Exempt –</b> Not required to complete this report</p>
<p><b>After October 31 and by November 15</b></p> <ul style="list-style-type: none"> <li>Complete the verification process</li> <li>Enter verification results in the report below</li> <li>Complete 1-1</li> <li>Skip 1-2</li> <li>Section 2 applies ONLY to those schools who have Provision 2 sites or CEP sites</li> <li>Skip 3-1</li> <li>Complete 3-2, 3-3, and 3-4 see notes below</li> <li>Section 4 – Do not report any students here that are already reported in Section 3.</li> <li>Complete both section 4 and section 5 (skip 5-1)</li> <li>Click SAVE</li> <li>Click FINISH</li> </ul>	<p><b>For RCCIs: After October 1 and by November 15</b></p> <ul style="list-style-type: none"> <li>Complete the following sections of the verification report below:</li> <li>1-2 and 1-2b</li> <li>Skip Section 2</li> <li>Check the box in 3-1</li> <li>Skip Section 4</li> <li>Check the box in 5-1</li> <li>Click SAVE</li> <li>Click FINISH</li> </ul>	<p><b>After October 31 and by November 15</b></p> <ul style="list-style-type: none"> <li>Complete the verification process</li> <li>Enter verification results in the report below</li> <li>Complete 1-2 and 1-2a</li> <li>Skip Section 2</li> <li>Skip 3-1</li> <li>Complete 3-2, 3-3, and 3-4 see notes below</li> <li>Section 4 – Do not report any students here that are already reported in Section 3.</li> <li>Complete both section 4 and section 5 (skip 5-1)</li> <li>Click SAVE</li> <li>Click FINISH</li> </ul>	

### Due Date: November 15

Each year all SFAs, including RCCIs, with schools operating the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) must report verification information. All SFAs, including those with all schools exempt from verification requirements, must complete applicable sections of the report.

**Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students**

All SFAs must report Section 1. Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**. (As of OCTOBER 31)

A. Number of Schools OR Institutions on Oct 31	B. Number of Students on Oct 31
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**1-1 Total schools (Do not include RCCIs):**

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**1-2 Total RCCIs (Do not include schools counted in 1-1):**

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1-2a RCCIs with day students (Report ONLY day students in 1-2aB):

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1-2b RCCIs with NO day students:

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**Section 2 - SFAs with schools operating alternate provisions**

Only SFAs with alternative provisions must report Section 2. Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

- Section 2 applies ONLY to those schools who have Provision 2 sites or CEP sites

A. Number of Schools OR Institutions on Oct 31	B. Number of Students on Oct 31
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**2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:**

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**2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:**

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2-2a Provision 2/3 students reported as FREE in a NON BASE year:

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2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:

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**2-3 Operating the Community Eligibility Provision (CEP):**

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**2-4 Operating other alternatives for NSLP and SBP:**

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**2-5 Operating an alternate provision(s) for only SBP or only NSLP:**

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**Section 3 - Students approved as FREE eligible NOT subject to verification**

All SFAs must report Section 3 or check box 3-1 if applicable. Report students approved FREE eligible as of the **last operating day in October**.

**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)

<b>Number of FREE Students</b> on Oct 31
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**3-2 Students directly certified (DC) through Supplemental Nutrition Assistance Program (SNAP):** Do not include students certified with **SNAP** through the letter method.

- Refer to the NDE Direct Certification list, Column Q with code of "S" = SNAP and or "ST" = SNAP+ TANF.
- Report the number of students including the other children in the same household

**3-3 Students directly certified through other programs:** Include those directly certified through Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on Indian Reservations (**FDPIR**), or Medicaid (if applicable); 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.**

- Refer to the NDE Direct Certification list, Column Q with code of "T" only = TANF, or "C" only = Foster Child, or "M-F" only = Medicaid-Free (Medicaid-Reduced students are not included in this report.)
- Add in other students identified as homeless, migrant, runaway, Head Start, Pre-K Even Start, or FDPIR.

**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.

- NOTE – Those households that report a case number on a paper application, but do not appear on the NDE direct certification list, should be reported on line 4-1 below.

**Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application**

ALL SFA collecting applications must report Section 4. Report number of applications (A) approved as of October 1st. Report number of students (B) as of the last operating day in October.

- NOTE – In this section Column A asks for application numbers as of October 1 but Column B asks for Students numbers as of the last day of October (October 31)

<b>A. Number of Applications</b> *** Oct 1 ***	<b>B. Number of Students</b> on Oct 31
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**4-1 Approved as categorically FREE Eligible.** Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application)

- These are paper applications that list a case number.

<input type="text"/>	<input type="text"/>
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**4-2 Approved as FREE eligible.**

- Based on household size and income information.
- This line also includes paper applications for foster children

<input type="text"/>	<input type="text"/>
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**4-3 Approved as REDUCED PRICE eligible.** Based on household size and income information.

<input type="text"/>	<input type="text"/>
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**T-1 Total FREE Eligible Students Reported**

**0**

**T-2 Total REDUCED PRICE Eligible Students Reported**

**0**

**Section 5**

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

**5-1 Check the box if ALL schools and/or RCCIs are exempt from verification, or ALL schools are Provision schools in a base year.**

**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 used:**

- Standard (Lesser of 3% or 3,000 error-prone)
- Alternate one (Lesser of 3% or 3,000 selected randomly)
- Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent or 500 applications with SNAP/TANF/FDPIR case numbers)

**5-4 Total ERROR PRONE applications:** Report all applications as of October 1st considered error prone.

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

ALL SFAs must report 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 RCCIs in the SFA performed direct verification). **If 5-6 is checked, skip 5-7.**

**A. Number of Applications    B. Number of Students**

**5-7 Confirmed through direct verification:** Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th.

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**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 (direct verification applications and students).

Result Category	<b>A. FREE-Categorically Eligible</b> Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application		<b>B. FREE-Income</b> Certified as FREE based on income/household size application		<b>C. REDUCED PRICE-Income</b> Certified as REDUCED PRICE based on income/household size application	
	a. Applications	b. Students	a. Applications	b. Students	a. Applications	b. Students
	<b>1. Responded, NO CHANGE:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>2. Responded, Changed to REDUCED PRICE / FREE:</b>	<b>REDUCED PRICE</b>		<b>REDUCED PRICE</b>		<b>FREE</b>	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>3. Responded, Changed to PAID:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>4. NOT Responded, Changed to PAID:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**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.