

Name of Household: _____

VERIFICATION TRACKER FOR SCHOOL USE

Attach this form to each application selected for verification along with copies of all correspondence with the household regarding verification and copies of all documents received from the household.

Date Confirmation Review Completed: _____

Date Verification Letter Sent (Attachment F): _____

Date Response Due from Household: _____

Date and Method used for Contacting Non-
Responding Households a Second Time or N/A _____

Number of Students on Application: _____

Original Application Approval was:

Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR)

Free Eligible Based on Foster Child

Free Eligible Based on Income/Household Size Information

Reduced-Price Eligible

Verification Result: District must show calculations used to determine household income.

No Change

Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR) Agency Response

Free Based on Foster Child Agency Response

Free Eligible Based on Income/Household Size Information

Reduced Price Eligible Based on Income/Household Size Information

Paid Eligible Based on Income/Household Size Information or SNAP/TANF/FDPIR
Agency Response

Paid Eligible because the Household Did Not Respond

Date Verification Results Letter Sent (Attachment G): _____

Date Change Made in Computer System/Roster: _____

Date Hearing Requested/Date Hearing Decision: _____

Date Verification Completed: _____

Verifying Official's Signature: _____

Household Reapplied with Documentation after being notified of a change in meal benefits.
Show calculations used to determine household income.

Results of Reapplication:

Denied Based on Income/Household Size Information

Free Eligible Based on SNAP/TANF/FDPIR Agency Response

Free Eligible Based on Foster Child Agency Response

Free Eligible Based on Income/Household Size Information

Reduced Price Eligible Based on Income/Household Size Information

Determining Official's Signature: _____ Date of New Approval: _____