

SFA Verification Collection Report

General Information

Type of Organization: Public

Verification Contact Information

1. Name:	Salutation	First Name	Last Name
2. Email Address:			
3. Phone:		Ext:	
4. Title:			

Due Date: November 15

Instructions

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

NOTE: SFAs that are Special Milk Only are exempt from filing an SFA Verification Collection 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**.

	A. Number of Schools OR Institutions	B. Number of 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:		

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**.

	A. Number of Schools AND Institutions	B. Number of Students
2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:		
2-2 Operating Provision 2/3 in a 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 Provision (CEP):		
2-4 Operating other alternatives for NSLP and SBP:		
2-5 Operating an alternate provision(s) for only SBP or only NSLP:		

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)	<input type="checkbox"/>	
3-2 Students directly certified through Supplemental Nutrition Assistance Program (SNAP): Do <u>not</u> include students certified with SNAP through the letter method.		B. Number of FREE Students <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>

- 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.**
- 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.

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.

- | | 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, TANF, FDPIR on an application) | <input type="text"/> | <input type="text"/> |
| 4-2 Approved as FREE eligible. Based on household size and income information. | <input type="text"/> | <input type="text"/> |
| 4-3 Approved as REDUCED PRICE eligible. Based on household size and income information. | <input type="text"/> | <input type="text"/> |
| T-1 Total FREE Eligible Students Reported | <input type="text"/> | |
| T-2 Total REDUCED PRICE Eligible Students Reported | <input type="text"/> | |

Note: T-1 & T-2 auto populate in the online report

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. | <input type="text"/> | <input type="text"/> |

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	A. FREE-Categorically Eligible Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) 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	
	a.	b.	a.	b.	a.	b.
	Applications	Students	Applications	Students	Applications	Students
1. Responded, NO CHANGE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Responded, Changed to REDUCED PRICE / FREE:	REDUCED PRICE		REDUCED PRICE		FREE	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Responded Changed to PAID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. NOT Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor fails to complete the eligibility verification by the established deadline and fails to request an extension.