

SFA Verification Collection Report

General Information

Type of Organization: Public

Verification Contact Information

	Salutation	First Name	Last Name
1. Name:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. Email Address:	<input style="width: 100%;" type="text"/>		
3. Phone:	<input style="width: 100%;" type="text"/>	Ext: <input style="width: 100%;" type="text"/>	Fax: <input style="width: 100%;" type="text"/>
4. Title:	<input style="width: 100%;" type="text"/>		

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):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
1-2 Total RCCIs (Do not include schools counted in 1-1):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
1-2a RCCIs with day students (Report ONLY day students in 1-2aB):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
1-2b RCCIs with NO day students:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2-2a Provision 2/3 students reported as FREE in a NON BASE year:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2-2 b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2-3 Operating the Community Eligibility Provision (CEP):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2-4 Operating other alternatives for NSLP and SBP:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2-5 Operating an alternate provision(s) for only SBP or only NSLP:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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**.

<p>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)</p>	<input type="checkbox"/>
<p>3-2 Students directly certified through Supplemental Nutrition Assistance Program (SNAP): Do not include students certified with SNAP through the letter method.</p>	<p>B. Number of FREE Students</p> <input style="width: 100%;" type="text"/>

3-3 Students directly certified through other programs:

a. Medicaid Free (**MFREE**)

b. Other: Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on Indian Reservations (**FDPIR**), Migrant (**MGRNT**), Foster (**FOSTR**), those documented as homeless, Runaway, 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.

3-5 Students directly certificated for Medicaid Reduced meals (MRED)

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.

	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:	<input type="text"/> REDUCED PRICE	<input type="text"/>	<input type="text"/> REDUCED PRICE		<input type="text"/> FREE	<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"/>

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.

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:

SFA'S operating NSLP/SBP/SSO	RCCI's - No day students	RCCI's - With day students	Milk Camps Special Milk Only
<p>After October 1:</p> <ul style="list-style-type: none"> Count the number of free & reduced <u>applications</u> as of Oct 1. Subtract or remove any applications for students who are on the direct certification list. The remaining applications become the pool to select your random sample or if applicable error prone applications. Begin the verification process. 	<p>After October 1 and by November 15</p> <ul style="list-style-type: none"> Complete the following sections of the verification report below: 1-2 and 1-2b Skip Section 2 Check the box in 3-1 Skip Section 5 Check the box in 5-1 Click SAVE. Click FINISH. 	<p>After October 1:</p> <ul style="list-style-type: none"> Count the number of free & reduced <u>applications</u> as of Oct 1. Subtract or remove any applications for students who are on the direct certification list. The remaining applications becomes the pool to select your random sample or if applicable error prone applications. Begin the verification process. 	<p>Exempt – Not required to complete this report</p>
<p>After October 31 and by November 15</p> <ul style="list-style-type: none"> Complete the verification process. Enter verification results in the report below. Complete 1-1. Skip 1-2. Section 2 applies ONLY to those schools who have Provision 2 sites or CEP sites 3-1 skip. Complete 3-2, 3-3, 3-4, and 3-5. See notes below. Section 4 – Do not report any students here that are already reported in Section 3. Complete both section 4 and section 5. Click SAVE. Click FINISH. 		<p>After October 31 and by November 15</p> <ul style="list-style-type: none"> Complete the verification process. Enter verification results in the report below. Complete 1-2 and 1-2a. Skip Section 2. 3-1 skip. Complete 3-2, 3-3, 3-4, and 3-5. See notes below. Section 4 – Do not report and students here that are already reported in Section 3. Complete both section 4 and section 5. Click SAVE. Click FINISH. 	

Due Date: November 15

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 section

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**. (As of OCTOBER 31)

A. Number of Schools OR Institutions on Oct 31	B. Number of Students on Oct 31
--	---------------------------------

1-1 Total schools (Do not include RCCIs):

1	251
---	-----

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

0	0
---	---

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

0	0
---	---

1-2 b RCCIs with NO day students:

0	0
---	---

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
--	---------------------------------

2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:

0	0
---	---

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

0	0
---	---

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

0

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

0

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

0	0
---	---

2-4 Operating other alternatives for NSLP and SBP:

0	0
---	---

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

0	0
---	---

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

Programs that qualify students as FREE or REDUCED and are not subject to verification include SNAP, TANF, FDPPIR, FSTR, MGRNT, MFREE, and MRED.

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)

Number of FREE Students on Oct 31
--

3-2 Students directly certified through Supplemental Nutrition Assistance Program (SNAP): 10

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:

.....a. Medicaid Free (**MFREE**) 7

- Refer to the NDE Direct Certification list, Column Q with code of "MFREE"

.....b. Other: Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on 2

Indian Reservations (**FDPIR**), Migrant (**MGRNT**), Foster (**FOSTR**), those documented as homeless, Runaway, 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 "TANF", "FDPIR", "MGRNT", or "FOSTR"
- Add in other students identified as homeless, runaway, Head Start, and Pre-K Even Start

3-4 Students certified categorically FREE eligible through SNAP letter method. 0

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.

3-5 Students directly certified for Medicaid Reduced meals (MRED) 4

- Refer to the NDE Direct Certification List, Column Q with code of "MRED" = Medicaid Reduced

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)

A. Number of Applications ***Oct 1***	B. Number of Students on Oct 31
--	--

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.

1	1
---	---

4-2 Approved as FREE eligible.

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

17	27
----	----

4-3 Approved as REDUCED PRICE eligible. Based on household size and income information.

13	23
----	----

T-1 Total FREE Eligible Students Reported

47

T-2 Total REDUCED PRICE Eligible Students Reported

27

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 as 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 eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID FREE or if REDUCED PRICE eligibility is confirmed through direct verification with MEDICAID REDUCED as of November 15th.

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. Applications	b. Students	a. Applications	b. Students	a. Applications	b. Students
1. Responded, NO CHANGE:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
2. Responded, Changed to REDUCED PRICE / FREE:	REDUCED PRICE		REDUCED PRICE		FREE	
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Responded, Changed to PAID:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. NOT Responded, Changed to PAID:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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.