


NUTS & BOLTS
OF SCHOOL NUTRITION PROGRAMS
CONTINUATION SERIES


Deciphering the Verification Process Nuts and Bolts 2019

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MASSACHUSETTS DEPARTMENT OF
ELEMENTARY AND SECONDARY
EDUCATION

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By the end of this webinar you will be able to:



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What's
the
plan?

- Identify the initial steps for verification
- Describe application selection procedures
- Name allowable sources for verification
- Describe required procedures for notifications and follow-up
- Determine if verification is complete
- Develop a plan to improve household responses
- Identify when to review questionable applications

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The Verification Process Manual

Verification Manual
Reference
Page
Numbers



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A Guide to a Successful Verification Process

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Agenda

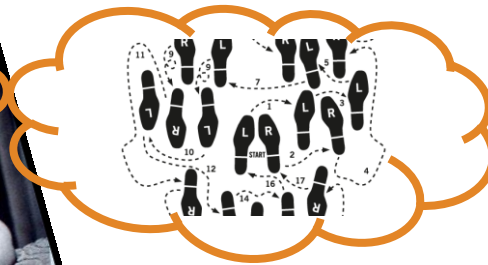
- 1 Verification Process
- 2 10 Steps to A Successful Verification
- 3 Improving the Verification Process
- 4 Verification For Cause
- 5 Questions

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Verification Process - 7 CFR 245.6a(c)(1)



The confirmation of eligibility of ***only the current school year's*** determined and confirmed free and reduced price applications under NSLP and SBP



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Exemptions to the Verification Process

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- Denied applications
- Non-pricing programs (households are not charged for meals)
- Children who have been Directly Certified
- Migrant, Runaway, Homeless, or Foster children (unless included on a meal benefit application)
- Children enrolled in Head Start
- RCCI students (*except* for day students)
- Schools that participate in Provision 2, except in the base year
- Community Eligibility Provision (CEP) Schools

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Free and Reduced Price Policy Statement



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The same staff may not be both determining and confirming officials for the same applications.
(If additional space is needed scroll to the next page)

Determining Official(s)	Confirming Official(s)	School(s)/Site(s)
<input type="checkbox"/> POS	<input type="checkbox"/> John Wayne	<input type="checkbox"/>
<input type="checkbox"/> Rita Hayworth	<input type="checkbox"/>	<input type="checkbox"/> Hollywood
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> School District
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verification Official(s): The school administrator or designee that completes the income verification process.

Verification Official(s)	Title	School/Site
<input type="checkbox"/> Rita Hayworth	<input type="checkbox"/> Food service	<input type="checkbox"/> Hollywood District
<input type="checkbox"/>	<input type="checkbox"/> Director	<input type="checkbox"/> School

Hearing Official: This official must be someone in an administrative position higher than the determining, confirming and verification official.

Hearing Official	Title	School/Site
<input type="checkbox"/> Dean Martin	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Hollywood
		<input type="checkbox"/> School District

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10 Steps to a Successful Verification Process (including Point of Sale Systems (POS) – A Verification Checklist

Appendix
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1. Determining Applications and the Error Prone Selection
2. Establishing the Sample Pool
3. Establishing the Sample Size
4. Edit Checking the Application Selection Process
5. Methods of Verification: Direct Verification (DV)
6. Methods of Verification: Paper Verification
7. Determining the Sources of Verification
8. Responses to Household Notifications
9. Conducting Follow-up Procedures
10. Recordkeeping Compliance

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STEP 1a: Determining Applications and the Error Prone Process

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1. The Determining Official (or the POS) **calculates** the eligibility of the meal benefit applications received as of October 1 by using the current year Income Eligibility Guidelines (IEG)
2. Then **compares** the **computed** household income to the Income Eligibility Guidelines (IEG). If the difference between the household income and the IEG is within the interval income amount designated below; the application is considered **ERROR PRONE**

\$1200 annually	\$24 weekly
\$100 monthly	\$44 bi-weekly (every two weeks)
\$50 semi-monthly (twice a month)	

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STEP 1b: Determining Applications and the Error Prone Process



3. The **Determining Official** checks the **Error Prone box on the bottom of the application** and the **Confirming Official** repeats the computation process to confirm the Determining Official's calculations.

STFP 4 Contact Information and Adult Signature **Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult signing the form		Signature of adult			Today's date

Error prone ☒

4. The applications are now considered approved and the applications are set aside to prepare for the random sampling of applications. Random selection gives each application equal chance of being selected without discrimination.

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STEP 2: Establishing the Sample Pool - Manual

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- The total number of free/reduced price **applications determined and confirmed (approved) as of October 1 of the current school year**
 - In Massachusetts, confirmation of applications are completed after determination and prior to verification

Example:
Sample Pool of
125 applications



- Projection of applications may be determined based on prior years, but the final pool must be from actual number of applications on file

Memo code: SP 42-2017 Beginning Verification before Oct.1: Guidance to Local Educational Agencies

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STEP 2: Establishing the Sample Pool - POS



SFA's with POS system's completing the Sample Pool must ensure that:

1. The sample pool is derived only from the current school year applications
2. The meal benefit applications that are **approved** (confirmed and determined) are within the correct timeline selection parameter no earlier than July and no later than October 1 of the current school year

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STEP 3a: Establishing the Sample Size

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A **Standard** sample size of 3% of the sample pool must be used by the LEA unless the LEA qualifies to use an alternate sample size.

Districts may qualify for one of the alternate sample sizes. *LEA's may contact their DESE consultant for technical assistance.*

Example:

- Sample Pool: **125 application**
- Sample Size: **3% applications** of 125 applications =
3.75 (rounded up) = **4 applications** to be verified



The Sample Size must be selected from Error Prone applications first!

- No Error Prone: a random selection from the approved application pool

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STEP 3b: Establishing the Sample Size

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Three percent (3%) of the total approved free and reduced price applications on file as of October 1 (fractions/decimals are rounded up)

Sample Pool



Error Prone

Sample Size

3%



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STEP 3c: Establishing the Sample Size

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Sample Pool



Error Prone

Sample Size

3% applications
of 125
applications =
3.75



Sample Pool of
125 applications

ONLY 2 Error Prone

Applications to be
verified = **4**

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STEP 3d: Establishing the Sample Size

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Sample Size 3%

Error Prone (selected 1st)

Randomly select the required 3% sample size from the error prone applications identified

Sample Pool



If there are not enough error prone applications to meet the 3% sample size: Randomly select from the remaining applications to meet the required sample size

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STEP 3e: Establishing the Sample Size

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Error Prone

Use the **2** Error Prone

Sample Pool



Select 2 from the Sample Pool of **125** applications

Sample Size

= 4



Verify **4**

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STEP 3e: Establishing the Sample Size - POS



SFA's with POS system's completing the Sample Size must ensure that:

1. The correct approved sample size is selected
2. The correct number of applications are selected (rounding up to the next whole number); and
3. Applications are only from error prone following the income intervals as indicated below:

\$1200 annually	\$24 weekly
\$100 monthly	\$44 bi-weekly (every two weeks)
\$50 semi-monthly (twice a month)	

The chart is found on the Verification Checklist

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STEP 4: Edit Checking the Application Selection Process

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1. Approve applications and determine the *Error Prone* applications during processing
2. Establish the *sample pool* from the approved applications as of October 1
3. Establish the *sample size* from *Error Prone* applications first to meet the 3% sample size application requirement (rounded up)
4. If there is an **excess** of the Error Prone applications:
Randomly select from the error prone applications identified
5. If there are **not enough applications** or there are **no** Error Prone applications to meet the 3% sample size:
Randomly select from the remaining applications to meet the required sample size
6. The application selection process is complete and the Verification Process begins!

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Step 5: Methods of Verification

Direct Verification 1st



★ Direct Verification Steps:

- ★ Direct verification enables districts to conduct online verification using current SNAP, TANF/TAFDC and Medicaid income

★ Options to upload Direct Verification list:

- 1) File Upload (5000 records maximum)

★ *Note: Prepare file for upload using template and save in .csv format*

- 2) Manual Upload (10 records maximum)

★ Districts should continue to follow all existing policies and procedures surrounding Direct Verification

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Virtual Gateway Main Page



Executive Office of Health and Human Services - Virtual Gateway

Virtual Gateway

Welcome Kevin E Dawson
Last VG Login : 09/10/2019 at 12:03 PM ET

Please select one of the following Business Services:
(Clicking on link will open in a new window)

- Catalog of Services
- My Account Page

Important Messages

Manage My Account

- Change My Password
- Answer My Secret Questions
- Update My Personal Information
- Logout

Virtual Gateway Customer Service

Monday through Friday
8:30 am to 5:00 pm
800-421-0938 (Voice)
617-847-6578 (TTY for the deaf and hard of hearing)

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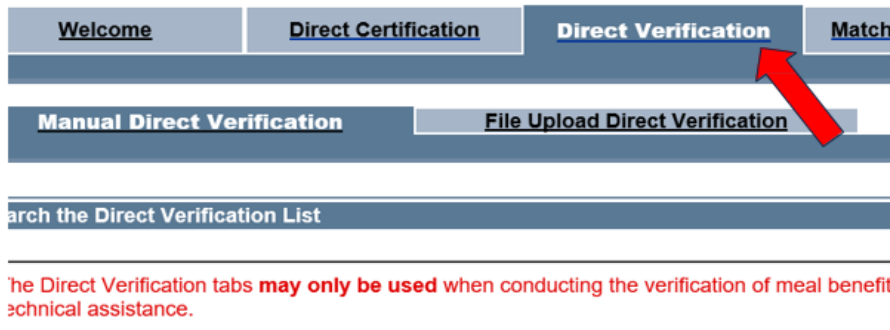
STEP 5a: Methods of Verification – Direct Verification

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Directly verifying eligibility through the Executive Office of Health and Human Service's (EOHHS) Virtual Gateway (VG) with access to current SNAP, TANF and Medicaid eligibility



The Direct Verification tabs **may only be used** when conducting the verification of meal benefit technical assistance.

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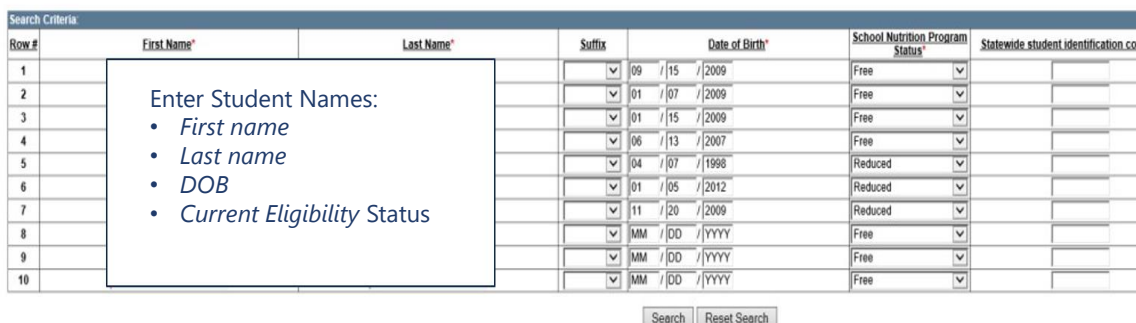
STEP 5b: Methods of Verification – Direct Verification

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Enter all the student names from the applications chosen as the sample size into the Virtual Gateway



Enter Student Names:

- First name
- Last name
- DOB
- Current Eligibility Status

Row #	First Name*	Last Name*	Suffix	Date of Birth*	School Nutrition Program Status*	Statewide student identification code
1				09 / 15 / 2009	Free	
2				01 / 07 / 2009	Free	
3				01 / 15 / 2009	Free	
4				06 / 13 / 2007	Free	
5				04 / 07 / 1998	Reduced	
6				01 / 05 / 2012	Reduced	
7				11 / 20 / 2009	Reduced	
8				MM / DD / YYYY	Free	
9				MM / DD / YYYY	Free	
10				MM / DD / YYYY	Free	

Search Reset Search

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Match History Results Page



Search Results									
Row #	First Name	Middle Initial	Last Name	Date of Birth	School Nutrition Program Status	Match Type	Date / Time	Statewide student identification code (sasid)	Locally assigned student identifier (lasid)
1	A		Student	06/14/1989	Free	Exact Match - Verified - Free	04/27/2011 17:39:59.0		
2	B	W	Student	05/12/1997	Free	Exact Match - Verified - Free	04/27/2011 17:39:59.0		
3	C		Student	05/28/1993	Free	Exact Match - Verified - Free	04/27/2011 17:39:59.0		
4	D		Student	11/18/2000	Reduced	Exact Match - Verified - Reduced to Free	04/27/2011 17:39:59.0		
5	E	E	Student	07/16/1989	Reduced	No Match - Manual Verification Required	04/27/2011 17:39:59.0		
6	F		Student	12/17/2003	Free	Exact Match - Verified - Free	04/27/2011 17:39:59.0		
7	G		Student	10/24/1998	Reduced	No Match - Manual Verification Required	04/27/2011 17:39:59.0		
8	H		Student	08/25/2000	Reduced	No Match - Manual Verification Required	04/27/2011 17:39:59.0		
9	I		Student	08/25/2000	Free	Exact Match - Verified - Free	04/27/2011 17:39:59.0		
10	J		Student	12/09/1996	Free	Exact Match - Verified - Free	04/27/2011 17:39:59.0		

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Jump To

Total Search Results: 10

[Save Results](#)

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STEP 5c: Methods of Verification – Direct Verification

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Increases in benefit level such as Reduced to Free are implemented as immediately or no later than 3 operating days

Decreases in benefit level such as Free to Reduced, Free to Paid or Reduced to Paid are completed after 10 calendar days. The new benefit level occurs on day 11. **During the 10 day period the original benefit level remains in place.**

Match Type
Exact Match - Verified - Free
Exact Match - Verified - Free to Reduced
Exact Match - Verified - Free to Paid
No Match - Manual Verification Required
Exact Match - Verified - Reduced to Free
Exact Match - Verified - Reduced to Paid
Exact Match - Verified - Reduced

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STEP 5d: Methods of Verification – Direct Verification

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- Verification for the Directly Verified applications is now complete
- Households must be notified that the application was verified and the results

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STEP 5e: Methods of Verification – Direct Verification

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Direct Verification Letters to Households

We HAVE Checked/Verified Your Application

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway*, and met the guidelines for receiving free meals. Your child(ren) will receive meals at no cost.

☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.

☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income was

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STEP 6a: Methods of Verification: Paper Verification

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Paper Method – Verifying eligibility by sending a dated letter requesting income validation from the household

We MUST Check Your Application

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)](is/are)** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. *If you were receiving benefits from **MA SNAP**, or **MA TAFDC** when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:*

- **MA SNAP** or **MA TAFDC** Certification Notice that shows dates of certification.
- Letter from **MA SNAP** or **MA TAFDC** office that shows dates of certification.
- Do not send your EBT card.

2. *If you get this letter for a homeless, migrant, or runaway child, please contact [school, homeless liaison, or migrant coordinator] for help.*

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STEP 6b: Methods of Verification: Paper Verification

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- Households must respond to the first request for information within a specified period of time conveyed by the LEA
- Verification documentation for each application verified must be available (i.e. Verification Tracker)
- The LEA must provide a telephone number that is available at no cost to the household



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STEP 6c: Methods of Verification: Paper Verification

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- The LEA must complete the verification process for all households that have been notified
- If all students withdraw from a selected household another application must be verified. Applications may be replaced when the LEA believes the household would be unable to satisfactorily respond to the verification 7 CFR 246.6a(e)(2)

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STEP 7: Determining Sources of Verification

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- The LEA must identify the sources of income indicated by the household on the meal benefit application.
- Written evidence for **income eligible** households and **categorically eligible** households must include the following:
 - Name of person (s) receiving the income
 - Amount, frequency, and the date the income was received
 - Collateral contacts (employers, social service agencies, religious or civic organizations)
 - Agency records (court decree for foster students)
 - Homeless Liaison list

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A Sample Verification Timeline

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Verification Process:

- Begins: **On** or before October 1
- Ends: **No** later than *November 15

*Extension requested from DESE, if needed

Oct. 1 Direct Verification Completed	Oct. 2 Paper Verification Begins	Oct. 11 1 st Request due (Step 8)	Oct. 15 2 nd Request sent (Step 8)	Oct. 21 Response Deadline (Step 8)	Nov. 1 Benefit Changes (Step 9)	Nov. 15 Final Deadline	Jan. 24 Ver. Report FNS-742 Due Date
Select Sample size Enter student's name into Virtual Gateway for Direct Verification Paper Verification begins for No "Matches Only"	1st request Letters: Mailed to households Due Oct. 11th	Household deadline for response	No Response: Second Request Letter (if needed): Sent to household. Due Oct. 21	Deadline for the household to respond to second request letter. Effective the 11 th calendar day from the date of the letter to the household Nov. 1	Verification results are in effect and changes are made to all benefit issuance documents (POS, rosters, etc.)	All verification activity must be completed	Submit in: DESE Security Portal/ Compliance Packet

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STEP 8a: Household Notification: **Yes:** Response to the 1st Household Contact

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Adequate information is received and the evaluation of information results in one of the following:

- **Reduction of benefits:** 10 calendar days written advanced notice (benefits will change on day 11)
- **Increase of benefits:** Immediate increase in benefits and implemented no later than 3 operational days
- **No change in benefit**

We HAVE Checked/Verified Your Application

School: _____ Date: _____
Dear _____:

We checked the information you sent us to prove that [name(s) of child(ren)] are eligible for free or reduced price meals and have decided that:

☐ Your child(ren)'s eligibility has not changed.

☐ Starting [date], your child(ren)'s eligibility for meals will be changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

☐ Starting [date], your child(ren)'s eligibility for meals will be changed from reduced price to free because your income was verified electronically through the Massachusetts Executive Office of Health and Human Service's Virtual Gateway*, and met the guidelines for receiving free meals. Your child(ren) will receive meals at no cost.

☐ Starting [date], your child(ren)'s eligibility for meals will be changed from free to reduced price because your income is over the limit. Reduced price meals cost \$9 for lunch and \$5 for breakfast.

☐ Starting [date], your child(ren)'s eligibility for meals will be changed from free to reduced price because your income is over the limit. Reduced price meals cost \$9 for lunch and \$5 for breakfast.

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STEP 8b: Household Notification: **No: Response to the 1st Household Contact**

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The LEA must make at least one follow-up with the household in writing (including e-mails) or a telephone call with documentation of the attempted contact if:

- Does not respond to the first request
- Submits insufficient or obsolete written evidence
- Does not designate collateral contacts
- The collateral contact is not able to provide requested information

Failure to provide adequate written evidence may result in termination of benefits

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STEP 9a: Conducting Follow-up Procedures Households That Are Denied Benefits



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- May appeal the denial or reduction in benefits within the 10 calendar day advance notice period
- May continue receiving the approved benefits and the district can continue to claim that benefit
- May reapply for benefits at any time during the same school year, but must always submit income documentation or categorical proof that is indicated on the application

These are not considered new applications

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STEP 9b: Improving the Verification Process



- LEA's should Directly Verify students selected for verification
- Provide clear instructions on the Verification Notice requesting income information
- Provide the name of an LEA official who can answer questions and provide technical assistance
- Provide a bilingual point of contact if households fail to respond
- Verification Toolkit: <https://www.fns.usda.gov/school-meals/verification-toolkit>

More



= less termination of benefits and better nutrition

Memo Code: SP43-2016 (v.2) Ensuring Access to Free and Reduced Price School Meals for Low-Income Students-Revised

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STEP 10: Recordkeeping Compliance – Verification Tracker Pg. 19

1. Copy of the free and reduced price application
2. Source of information used to verify the application (i.e. wage stubs)
3. Copies of correspondence between household and LEA
4. Change in eligibility as a result of the outcome of the verification process
5. Records of follow-up attempts and results
6. Signature of the Verifying Official (the official can be the Determining or Confirming Official, but not the Hearing Official)

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VERIFICATION TRACKER	
(FOR SCHOOL USE ONLY: Attach all COPIES of all verification documents including household correspondence)	
Head of Household: Number of Students on Application: _____ School(s): _____	
Section 1: DIRECT VERIFICATION (DV) RESULTS <input type="checkbox"/> Directly Verified (DV) through Virtual Gateway (VG) <input type="checkbox"/> Date "We Have Checked/Verified Your Eligibility" letter sent: _____ <input type="checkbox"/> Paper Verified if no match results through VG: <input type="checkbox"/> Paper Verified – per household request when benefits decreased: _____	
Section 2: PAPER VERIFICATION RESULTS Date Verification Notice Sent: _____ Due Date for First Response: _____ Due Date for Second Response: _____ (Second Contact documentation, if needed)	
Original Approval of Household <input type="checkbox"/> Free eligible based on MA SNAP/TAFDC <input type="checkbox"/> Free eligible based on Income/Household size information <input type="checkbox"/> Reduced eligible	
Verification Results Record the calculations and frequency of income here: (i.e. \$400/mo. x 12 mos. = \$4,800)	
<input type="checkbox"/> "We Have Checked/Verified" Your Eligibility" letter sent: _____ <input type="checkbox"/> Change Made <input type="checkbox"/> Hearing Requested <input type="checkbox"/> Hearing Decision/Date: _____	
Verifying Official's Signature: _____ Date Verification Completed: _____	

Second Contact Documentation

Contact Type	Date
<input type="checkbox"/> Phone Call	
<input type="checkbox"/> In Person	
<input type="checkbox"/> Letter	
<input type="checkbox"/> Email	
<input type="checkbox"/> Other	
<input type="checkbox"/> No Response	

 Comments: _____

Select Verification Results:
☐ No Change
☐ Free eligible on MA SNAP/TAFDC
☐ Free eligible based on income/household size information
☐ Reduced eligible based on income/household size
☐ Paid eligible based on income/household size or MA SNAP/TAFDC Agency response information
☐ Paid eligible based on no response from household
☐ Directly verified through Virtual Gateway

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Verification for Cause 7 CFR 245.6a(c)(7)

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OF SCHOOL NUTRITION PROGRAMS
CONTINUATION SERIES

- Verification of any questionable applications in addition to the sample size
- This process cannot delay the approval of applications
- Follow the same procedures as explained in the verification process (Verification Manual pgs. 11-20)
- Notice of Adverse Action is sent when any household fails to submit requested verification information by the date specified by the LEA or submits information that does not support the reported income information
- Verification for cause to verify households of all school district employees

Memo Code: SP 13-2012 Verification for Cause in the School Meals Program

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When Does the SFA Verify For Cause?

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NUTS & BOLTS
OF SCHOOL NUTRITION PROGRAMS
CONTINUATION SERIES

1. Meal Benefit Applications have SNAP numbers, but the household is not listed on the Direct Certification Uploads
2. Meal benefit applications that are re-submitted with a change in income or household size resulting in a lower benefit
3. The income reported is the same as the income listed on the Income Eligibility Guidelines (IEG)
4. The household voluntarily submits pay stubs that conflict with the documented income on the meal benefit application

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DTA Award Letter Sample



DTA — DPC — PO BOX 4406
Taunton, MA 02780-0420



Massachusetts Department of Transitional Assistance

Agency ID

Date: 04/20/2019

Dear

Your SNAP household has been found eligible for a one-time \$21 fuel assistance cash payment through the Heat and Eat (H-EAT) Program. This may make your monthly SNAP amount go up. You will receive a separate notice if your SNAP benefits change.

The \$21 payment will be on your EBT card. If you receive cash assistance by direct deposit, it will be put in your bank account. You will get it within three days of this notice..

The reverse side of this notice has important information about H-EAT. Please read it carefully!

If you have questions or have trouble reading or understanding this notice, please call the DTA at 1-877-382-2363 .

H-Eat Payment

Agency ID

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Tips for a Successful Verification Process



- No more or no less than 3% of the total applications are to be verified
- 100% verification is not permissible
- Verification cannot be requested at the time of the application
- At least one application must always be verified
- Deadline for completion of all verification activity is November 15 (Oct. 1 – Nov. 15)
- Verification Summary Report must be submitted to DESE via Security Portal no later than annual deadline in early January



Remember! DOCUMENT.. DOCUMENT ..DOCUMENT

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Resource: Verification Checklist



VERIFYING OFFICIAL'S CHECKLIST

- ☐ Sample Pool: The total number of approved free and reduced price applications on file as of October 1 was calculated.
- ☐ Sample Size: The number of applications to verify was determined and confirmed.
- ☐ Error prone applications were selected first to fulfill the 3% sample size. If the sample size failed to generate enough error prone applications, the remaining applications were randomly selected from both income and SNAP/TAFCDC applications.

REMINDER:

Error Prone Applications are within the following guidelines of the income eligibility guidelines for the category in which they are receiving benefits:

\$1200 annually	\$24 weekly
\$100 monthly	\$44 bi-weekly (every two weeks)
\$50 semi-monthly (twice a month)	

- ☐ Only free- and reduced- price applications have been selected for verification. Applications exempt from verification are those Directly Certified, Foster, Homeless or Migrant.
- ☐ The Virtual Gateway/Direct Verification process was used to directly verify all applications selected for verification.
- ☐ Eligibility action was taken (if needed) based on the Virtual Gateway/Direct Verification match results.

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Resources- Online Trainings



PACE- Direct Verification

407 - DESE Direct Verification

Description:
Course Description.



<http://makingitcount.info/making-it-count/access>



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Upcoming Verification Webinar



A webinar focusing on completing the Verification Collection Report (FNS-742R) will be conducted on January 9th, 2020.

Department of Agriculture, Food and Nutrition Service			
School Food Authority (SFA) Verification Collection Report			
State agencies must report the information on this form ANNUALLY for each SFA with schools operating the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP).			
All SFAs, including SFAs with all schools exempt from verification requirements, must complete applicable sections.			
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. The valid OMB number for this collection is 0584-0026. The time required to complete this information collection is 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection.			
State Agency Name:	SFA ID#:	Type of SFA: <input type="checkbox"/> Public <input type="checkbox"/> Nonprofit/Private	School Year: From: 20 To: 20
SFA Name:	SFA City:	SFA Zip code:	

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Questions ????

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THANK YOU

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