

# Vermont Appendix

# Application Approval & Verification Process

Vermont  
Child  
Nutrition  
Programs

# 2009 - 2010 Application Approval and Verification Process

## Table of Contents

A. Deadlines .....	1
• Application Approval Process	
• Application Verification Process	
B. What is New for the 2009/2010 School Year.....	3
• Changes to Food Stamp Program	
• Change to Direct Certification	
• New Manual for Application Approval and Verification Process	
• New Fiscal Consequence for Verification Report Submitted Late	
C. New Income Eligibility Guidelines for Free and Reduced Price School Meals or Free Milk.....	4
D. 2009-2010 Free and Reduced Applications .....	5
• Application for Free and Reduced Meals	
• Application for Free and Reduced Milk	
E. Sample Letters to Households for the Application Approval and Eligibility Process.....	9
• Notification of Pre-Approval for Free School Meals	
• Notification of Pre-Approval for Free School Milk	
• Notification of Approval or Denial	
• Reminder Regarding Expiration of Previous Year Eligibility Benefits	
F. Best Practice: Master List Forms to Organize Applications.....	13
• Free by Categorical Eligibility	
• Free by Income Eligibility	
• Reduced Eligible Applications	
• Denied Applications	
• List of All Students Directly Certified/Not Requiring Applications	
G. The Information School Food Authorities Must Have to Determine Their Method of Verification .....	18
• Basic Method of Verification Worksheet	
• Alternate Methods of Verification Worksheet	

H. Sample Letters to use for the Verification Process .....	20
• 3SquaresVT/Food Stamp Verification	
• Notification of Selection for Verification	
• Acceptable Information for Verification of Eligibility For Free and Reduced Price Meals	
• Names and Social Security Numbers of Adult Household Members	
• Letter a Household May Have the Social Security Office Complete	
• Letter a Household May Have An Employer Complete	
• Sample Letter to Household of Verification Results	
I. Documents to Use during, and Submit After the Verification Process is Completed .....	27
• Verification Roster or Log	
• Verification Report	
• Instructions for Completing the Verification Report	

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## Deadlines for the School Year 2009/2010 Free and Reduced Application Approval and Verification Process

Each year, by law, *all* School Food Authorities [SFA] *who participate* in the National School Lunch [NSLP] and/or Breakfast [SBP] Programs, *must make* free and reduced price meals available to eligible children, *and* all schools and institutions participating in the Free Milk Option of the school meals program [SMP] *must make* free milk available to eligible children.

### Deadlines 2009/2010 Application Approval Process:

- **August** - Review the Direct Certification Report from the DOE/School Census website and send pre-approval letters to families with children on the report who are enrolled in school.
- **August/First day of school** – Mail out Notice to Parents and Free & Reduced Price Application for School meals to households of all children enrolled in the 2009/2010 school year.
- **10 days** - is the amount of time the school has to approve an application received, and to notify the household of the action.

**Hint:** If you are one of the 33 identified SFAs required to do the **Basic Verification Method** this year, you had 20% or more of the households you selected for Verification last year not respond. The Basic Method requires you to flag applications which show a total income that is within \$100/month or \$1200/year of the income limit as you are approving them. These applications are called **Error Prone** and must be part of the Verification process.

- **30 days from the beginning of school or October 15<sup>th</sup> at the latest** - is the amount of time a student's eligibility benefit can be carried over from the last school year or until a new household application is submitted and approved.
- **On the 20<sup>th</sup> day of school** - identify students who are still receiving benefits from the last school year and who have not submitted a new application. Notify the household that their benefits will end on the 30<sup>th</sup> day (or October 15<sup>th</sup>) and that they will have to pay full meal prices, unless they submit a new application within the next 10 operating days of school.
- **As soon as applications are approved or there is a change in benefits** - the Food Service Manager *must* be notified of the student's eligibility for free or reduced priced meals to assure that students receive the benefit of their eligibility for meals.

### Common Application Errors

1. Not approving applications and notifying households of the result within 10 days of receipt of the application
2. Approving applications that are incomplete and not making a household contact to obtain the missing information
3. Carrying over last year's eligibility past October 15; not terminating benefits when there is no current year application past that date
4. Not notifying the household or the FSM about the benefit change and the effective date
5. Not keeping all applications received for the school year or maintaining master lists with student benefit and/or application history, and/or not organizing applications by type
6. Converting all income to an annual amount when only income from different time periods must be converted, and not using the full Income Eligibility chart for determining incomes

## Deadlines for the School Year 2009/2010 Free and Reduced Application Approval and Verification Process

Each year, by law, *all SFAs, with some exceptions, who participate* in the National School Lunch and/or Breakfast Programs *must complete and report* the verification of a sample of applications they have approved.

### Deadlines 2009/2010 Application *Verification Process*:

- **October 1, 2009 – Start the Verification Process.**  
Determine sampling method from the pool of approved applications  
Complete the Verification Sample Worksheet  
Select sample application(s)  
Have Confirming Official review application approval
- **No later than October 15**, prepare and mail out the **Verification Packet to Families** with a letter containing the deadline to respond, the required forms and an explanation of them to the selected household(s)  
Begin filling out the **Verification Log**
- **Review the information within 10 days of receipt** of documentation from families or day after documentation is due. Review the information, evaluate for completeness, and follow up with those households who have not responded to the deadline or who need to submit additional information.
- **November 15<sup>th</sup>**, determine whether the household eligibility benefit remains the same, or changes based on either the information submitted or the lack of response. Families must be notified of the outcome, the timeframe when eligibility changes will occur, and the time period and contact information if they want to appeal.
- **Notify the Food Service Manager immediately** about when student eligibility changes go into effect and what actions those changes require in student benefits.
- **December 15** is the date that copies of the 2009/2010 SFA Verification Report, the Verification Log and the Verification Worksheet must be sent to DOE, Child Nutrition Programs.
- **January 4, 2010** is the date when claim payments will be suspended if an SFA has not submitted their Verification Report.

#### Common Verification Errors

1. Completing the Verification process late, after November 15<sup>th</sup>
2. Sending in the Verification Report late, after December 1
3. Verifying too many or too few applications
4. Not verifying *any* applications
5. Confusing numbers of applications and numbers of students when completing the Verification Report
6. Choosing the Alternate Verification Methods, when required to use the Basic Verification Method.

## What's New for the 2009/2010 School Year?

What's Changed?	The old.....	What is New for 09/10?	Next Steps...
<b>Food Stamps</b>	The Food Stamp program required households to submit an application to apply for food stamp benefits based on their income and resources. Once enrolled, they received a letter indicating if they were approved, what their benefits were, and what their case number was. Children in the household were also eligible to receive free school meals because the free income guidelines were the same for the food stamp program and the school meals program.	<b>There is a new name for food stamps... 3SquaresVT.</b> The Vermont income eligibility has been increased so that more families with higher incomes may qualify to become eligible. Once enrolled in the 3SquaresVT, students attending school will be eligible for free school meals after notifying the school of enrollment, and providing their case number, all of which is kept strictly confidential.	Use the new name <b>3SquaresVT</b> in your communications.  Encourage families to apply at any time.
<b>Direct Certification</b>	The DOE School Census web site had one Direct Certification report listing students enrolled in school as of June who were receiving either "Food Stamps" the day the information was down loaded to Education Department from the Department of Children and Families. This was available only Mid August- Mid September and the report was removed in the fall. After that, documentation had to be requested by mail on a one by one basis.	<b>Direct Certification will be updated and available on a monthly basis during the school year.</b> Direct Certification of students enrolled in 3SquaresVT programs will be reported in late July and then will be update each month. SFAs should look at this report monthly to verify program enrollment updates instead of submitting a written request first.	Check the Direct Certification report monthly, update the master list, and communicate the changes to the Food Service as soon as possible.
<b>Reference Manual for Application Approval and Verification</b>	The DOE formally used the ' <i>Manual for Application Approval and Verification</i> ' for guidance and training. Each year the format stayed the same, the cover color changed and new information was added, based on questions received during the school year.	<b><i>The Eligibility Manual for School Meals: Federal Policy for Determining and Verifying Eligibility</i></b> is the new reference manual. This is the federal manual, and the last section, the VT Appendix will provide the information concerning Vermont School Food Service programs including forms, deadlines, and program information. (The VT manual was actual an abbreviated version of the USDA manual)	Review the new manual for the VT deadlines and use as the resource in the process of F&R Application Approval and Verification.
<b>Late Verification Reports</b>	The federally required Verification process has to be completed by November 15 <sup>th</sup> and <i>all</i> School Food Authorities participating in the school food programs has to submit a <i>Verification Report</i> to the VT DOE by December 15 <sup>th</sup> . The VT DOE Child Nutrition Program office required that the <i>Verification Log</i> and <i>Verification Worksheet</i> also be submitted with the reports. Last school year more than 50 SFAs submitted Verification Reports that were <i>late and/or incorrect</i> .	Verification must be completed by <b>November 15<sup>th</sup> and Verification Report submitted by December 15<sup>th</sup></b> . Per the USDA requirement of adherence to the report submission deadline, if the Verification Report has not been received by <b>January 4<sup>th</sup> 2010</b> at the VT DOE, payment of all claims for reimbursement will be suspended.	Follow the deadlines, complete the process of Application Approval and Verification, and Submit the Report on time.

**Child Nutrition Programs**  
**INCOME ELIGIBILITY GUIDELINES**  
**FREE AND REDUCED PRICE SCHOOL MEALS**  
**OR FREE SCHOOL MILK**  
**School Year 2009-2010**

Household Size	Free					Reduced Price				
	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,079	1,174	587	542	271	20,036	1,670	835	771	386
2	18,941	1,579	790	729	365	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	68,469	5,706	2,853	2,634	1,317
For each additional household member add	4,862	406	203	187	94	6,919	577	289	267	134

**NOTE: This document is NOT to be sent to households; it is for Approving Officer use only.**



**APPLICATION FOR FREE AND REDUCED PRICE SCHOOL MEALS 2009-2010**

App. # **To apply for free or reduced price meals, complete this form, sign it and return it to the school. If you have any questions, or need help to fill this form out, please call the school.**

**Part 1.** List each child's information. If the child(ren) has a **3SquaresVT** (formally Food Stamp) or **Reach Up** case number, list the number below, then **SKIP TO Part 4** of this form. **Do not list a Medicaid number.**

FULL NAME(S) of student(s)	Name of School	Grade	3SquaresVT Case # or Reach Up Case #

**Part 2.**  Check here if this application is for a **FOSTER CHILD** (is the legal responsibility of a welfare agency or court): List the child's monthly personal use income. (Write "0" if the child has no personal use income), then **SKIP TO Part 4** to sign this form. \$

**Part 3. INCOME Eligibility** (If you completed 3SquaresVT or Reach Up section of Part 1 or completed Part 2 above, skip to Part 4)

**Enter the amount of gross income of each household member** (before taxes or anything else is taken out) and **state how often it is received (yearly, twice a month, every two weeks monthly, weekly,)**

Name of household member List names of all household members, including students listed above	Gross Earnings from work – before deductions	Child Support Alimony	Social Security Pensions Retirement	Any other Income	Check if NO income
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number* (if none, write "none")
Street/Apt No.	Home Phone
	Work Phone
City/State/Zip	Date Signed

**\*PRIVACY ACT STATEMENT:** Section 9 of the National School Lunch Act requires that, unless your child's 3SquaresVT or Reach Up case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a 3SquaresVT or Welfare office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**Other Benefits:** For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org). For information on 3SquaresVT to help with food costs, call 1-800-287-0589 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

**FOR SCHOOL USE ONLY ~~OR~~ DO NOT WRITE BELOW THIS LINE**

Total Household Size:	Total Income _____ Per Time Period __Year __Month __2XMonth __Every 2 Weeks __Week	<b>NOTE: Annual Income Conversion:</b> Weekly x 52 Every 2 weeks x 26 Twice a Month x 24 Monthly x 12
To be valid, this form must be signed and dated.  Signature of Approving Official _____ Date _____ Signature of Confirming Official _____ Date _____	Eligibility Determination (Check the box and circle the reason)	<input type="checkbox"/> <b>Free</b> 3SquaresVT <input type="checkbox"/> <b>Reduced</b> Income Eligible <input type="checkbox"/> <b>Denied</b> Over Income Incomplete Form <input type="checkbox"/> <b>Temporary</b> Approval until _____ Date

INSTRUCTIONS FOR APPLYING

**Use a separate application for each foster child. List other children together.**

**If your household receives 3SquaresVT OR REACH UP, follow these instructions:**

**Part 1:** List each child's name, school grade, and 3SquaresVT or Reach Up case number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security number is not necessary if you are listing a 3SquaresVT or Reach Up case number.

**Note: The 3SquaresVT Program sends a letter to your child's school district that shows that he/she is eligible for free school meals unless you told the 3SquaresVT Program not to send the letter. The school then sends a letter to you saying that your child(ren) has been pre-approved for free meals. If you received this letter you do not need to complete this application form.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1:** List the child's name, school and grade.

**Part 2:** Check the box and list the child's personal use monthly income, if any.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security number is not necessary for foster parents signing this form.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report **total household income** from last month.

**First Column –Name:** List the first and last name of **each person** living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.

**Remaining Columns –** List the amounts of income your household members receive **and how often the person receives it** (for example, every week, every two weeks, twice a month, monthly or yearly).

- *Earnings from work:* List the **gross income** each person earns, **OR** each person's normal income if earnings vary. Gross income is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your employer can tell you. Report net income for self-owned businesses and farms.
- *Child Support, Alimony, Welfare:* Report payments actually received. Do not report a minus amount for payments made to another household.
- *Social Security, Pensions, Retirement:* Report gross income received from these sources.
- *Other Income:* List the total amount each person received last month from **all other sources**. Include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, rental income, or regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. Next to the amount, write how often the person received it.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number. Write "*none*" **only** if he or she doesn't have a Social Security number.

**Income Eligibility Guidelines**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional household member add	6,919	577	289	267	134

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price school meals if your household income falls within the limits on this chart.



App. #

**APPLICATION FOR FREE SCHOOL MILK 2009-2010**

To apply for free milk, complete this form, sign it and return it to the school.

If you have any questions, or need help to fill this form out, please call the school.

**Part 1.** List each child's information. If the child(ren) has a **3SquaresVT** (formally Food Stamps) or **Reach Up** case number, list the number below, then **SKIP TO Part 4** of this form. **Do not list a Medicaid number.**

FULL NAME(S) of student(s)	Name of School	Grade	3SquaresVT Case # or Reach Up Case #

**Part 2.** [ ] Check here if this application is for a **FOSTER CHILD** (is the legal responsibility of a welfare agency or court): List the child's monthly personal use income. (Write "0" if the child has no personal use income), then **SKIP TO Part 4** to sign this form.

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**Part 3. INCOME Eligibility** (If you completed 3SquaresVT or Reach Up section of Part 1 or completed Part 2 above, skip to Part 4)

**Enter the amount of gross income of each household member** (before taxes or anything else is taken out) and **state how often it is received (monthly, weekly, every two weeks.)**

Name of household member <small>List names of all household members, including students listed above</small>	Gross Earnings from work – before deductions	Child Support Alimony	Social Security Pensions Retirement	Any other Income	Check if NO income
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**Part 4. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian	Social Security Number* (if none, write "none")
Street/Apt No.	Home Phone
	Work Phone
City/State/Zip	Date Signed

**\*PRIVACY ACT STATEMENT:** Section 9 of the National School Lunch Act requires that, unless your child's 3SquaresVT or Reach Up case number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a 3SquaresVT or Welfare office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**Other Benefits:** For information on free or low-cost Dr. Dynasaur health insurance for kids, call 1-800-250-8427. For information on 3SquaresVT to help with food costs, call 1-800-287-0589. For information about 3SquaresVT check out the web site at [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

<b>FOR SCHOOL USE ONLY &amp; DO NOT WRITE BELOW THIS LINE</b>			
Total Household Size:	Total Income _____ Per Time Period __Year __Month __2XMonth __Every 2 Weeks __Week	<b>NOTE: Annual Income Conversion:</b> Weekly x 52    Every 2 weeks x 26    Twice a Month x 24    Monthly x 12	
To be valid, this form must be signed and dated.		Eligibility Determination (Check the box and circle the reason)	[ ] Free 3SquaresVT
Signature of Approving Official _____ Date _____			[ ] Denied Over Income
Signature of Confirming Official _____ Date _____			[ ] Temporary Approval until _____ Date
		[ ] Reach Up Foster Child Income Eligible	[ ] Incomplete Form

INSTRUCTIONS FOR APPLYING

**Use a separate application for each foster child. List other children together.**

**If your household receives 3SquaresVT OR REACH UP, follow these instructions:**

**Part 1:** List each child's name, school grade, and 3SquaresVT or Reach Up case number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security number is not necessary if you are listing a 3SquaresVT or Reach Up case number.

**Note: The 3SquaresVT Program sends a letter to your child's school district that shows that he/she is eligible for free school meals unless you told the 3SquaresVT Program not to send the letter. The school then sends a letter to you saying that your child(ren) has been pre-approved for free meals. If you received this letter you do not need to complete this application form.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1:** List the child's name, school and grade.

**Part 2:** Check the box and list the child's personal use monthly income, if any.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security number is not necessary for foster parents signing this form.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report **total household income** from last month.

**First Column –Name:** List the first and last name of **each person** living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.

**Remaining Columns –** List the types of income your household members receive **and how often the person receives it** (for example, every week, every two weeks, twice a month, monthly, yearly.)

- *Earnings from work:* List the **gross income** each person earns, **OR** each person's normal income if earnings vary. Gross income is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your employer can tell you. Report net income for self-owned businesses and farms.
- *Child Support, Alimony, Welfare:* Report payments actually received. Do not report a minus amount for payments made to another household.
- *Social Security, Pensions, Retirement:* Report gross income received from these sources.
- *Other Income:* List the total amount each person received last month from **all other sources**. Include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, rental income, or regular contributions from people who do not live in your household, and **ANY OTHER INCOME**. Next to the amount, write how often the person received it.

**Part 4:** An adult household member must sign the form and list his or her Social Security Number. Write "**none**" **only** if he or she doesn't have a Social Security number.

**Income Eligibility Guidelines for Free Milk**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Your children qualify for free school milk if your household income falls within the limits on this chart.
1	14,079	1,174	587	542	271	
2	18,941	1,579	790	729	365	
3	23,803	1,984	992	916	458	
4	28,665	2,389	1,195	1,103	552	
5	33,527	2,794	1,397	1,290	645	
6	38,389	3,200	1,600	1,477	739	
7	43,251	3,605	1,803	1,664	832	
8	48,113	4,010	2,005	1,851	926	
For each additional household member add	4,862	406	203	187	94	

Your School Information

NOTIFICATION OF PRE-APPROVAL FOR FREE SCHOOL MEALS

Date:

To The Parent/Guardian of

[Empty box for parent/guardian name]

Because your child(ren) are enrolled in the 3SquaresVT program (formally called food stamps) your child(ren) will get FREE meals at school.

IF YOU WANT YOUR CHILD TO GET FREE MEALS – DO NOTHING! IF YOUR CHILD BRINGS HOME AN APPLICATION FOR FREE AND REDUCED PRICE MEALS, DO NOT FILL IT OUT.

If you do not want your child(ren) to receive free school meals, call \_\_\_\_\_ or write to: \_\_\_\_\_

If your child has been determined by a doctor to have a disability that prevents the child from eating regular school meals, the school will make substitutions if prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us at the phone number listed above.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Keep this letter, as it may be helpful in determining your child’s eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).

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Your School Information

NOTIFICATION OF PRE-APPROVAL FOR FREE SCHOOL MILK

Date:

To The Parent/Guardian of

[Empty box for parent/guardian name]

Because your child(ren) are enrolled in the 3SquaresVT program (formally called food stamps) your child(ren) will get FREE milk at school.

IF YOU WANT YOUR CHILD TO GET FREE MILK – DO NOTHING! IF YOUR CHILD BRINGS HOME AN APPLICATION FOR FREE MILK, DO NOT FILL IT OUT.

If you do not want your child(ren) to receive free school milk, call \_\_\_\_\_ or write to: \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director of the Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Your School Information

NOTIFICATION OF APPROVAL OR DENIAL OF FREE/REDUCED MEALS OR FREE MILK

Date (insert date)

Dear (insert names of parents/guardians)

Thank you for submitting an application for free or reduced price meals or for the free milk program for:

(insert children's names on these lines )

The application for free or reduced price meals for your child/children is

Approved effective (insert date) for

Free meals

Reduced price lunch. The reduced price for lunch is 40 cents

Your child(ren) will receive breakfast at no charge.

Temporarily approved for free meals until (insert date) After that time you need to provide current income information or 3 Squares VT (food stamp) or Reach Up information

Approved for free milk

Denied because

The income reported is over the allowable amount.

We could not obtain your signature, Social Security number or other missing information on the application, after additional requests.

You may apply for meal benefits at any time during the school year. If you are not eligible now but have a decrease in income or increase in household size, or enroll in the REACH UP or 3 Squares VT program, you may contact the school if you have an existing application, or fill out an application at that time.

If you do not agree with the above decision, you may discuss it with:

(Name and phone number of Approving Official)

You also have the right to a fair hearing. To request a fair hearing write or call:

(Name and phone number of Hearing Official)

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Your School Information

REMINDER LETTER REGARDING EXPIRATION OF PREVIOUS YEAR ELIGIBILITY BENEFITS

DATE:

TO:

FROM:

RE: School Meals and eligibility benefits.

Last year your family was eligible for Free / Reduced school meals. As of today, we have not received an application for the current year. Unless you submit an application, by \_\_\_\_\_ your child(ren) will have to pay the full price.

As of \_\_\_\_\_, your child(ren) will have to pay the following prices for school meals:

Breakfast \$ \_\_\_\_\_

Lunch \$ \_\_\_\_\_

Enclosed is information about the meals program. Also enclosed is another copy of the application form if you wish to apply.

You may call \_\_\_\_\_ at \_\_\_\_\_ if you want to discuss this matter.

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SFA \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Worksheet completed by: \_\_\_\_\_

### Basic Method of Verification Worksheet

**SFAs are required to do the Basic Method of Verification if:**

- They are on the following list of SFAs who had more than 20% of households not respond in the 2008/2009 School Year.

SFAs **required** to do the **Basic Verification Method in 2009/2010** are:

- |                       |                       |                              |
|-----------------------|-----------------------|------------------------------|
| <b>Alburg</b>         | <b>Jamaica</b>        | <b>South Burlington</b>      |
| <b>Arlington</b>      | <b>Middlesex</b>      | <b>South West Vermont SU</b> |
| <b>Bakersfield</b>    | <b>Mill River UHS</b> | <b>Spaulding/Barre City</b>  |
| <b>Berkshire</b>      | <b>Milton</b>         | <b>Springfield</b>           |
| <b>Cambridge</b>      | <b>Northfield</b>     | <b>St. Johnsbury Town</b>    |
| <b>Derby</b>          | <b>Oxbow UHS</b>      | <b>Sutton</b>                |
| <b>Dover</b>          | <b>Randolph Town</b>  | <b>Swanton</b>               |
| <b>Fair Haven UHS</b> | <b>Randolph UHS</b>   | <b>Wardsboro</b>             |
| <b>Hartland</b>       | <b>Richford</b>       | <b>Waterbury/Duxbury</b>     |
| <b>Harwood UHS</b>    | <b>Roxbury</b>        | <b>Waterford</b>             |
| <b>Hinesburg</b>      | <b>Rutland City</b>   | <b>Williston</b>             |

**Error Prone Applications**

- Should be identified during the approval process. They must be the first group of applications from which the verification sample is selected.
- Are those applications approved based on income
- Reported income within \$100 per month or \$1,200 per year of the income limit of the applications approved as free or reduced price eligible.

Select the sample: <b>BASIC METHOD</b> (this worksheet refers to <b>NUMBER OF APPLICATIONS</b> not students)		
<b>A.</b>	<b>Determine required sample size</b>	
1.	Number of categorical applications	
2.	Number of applications approved as free based on income	+
3.	Number of reduced price applications	+
4.	<b>Total Applications Eligible For Verification</b>	=
		x <b>.03</b>
5.	<b>Calculated Sample Size</b>	=
6.	If the # in Line 5 is a whole number, enter # in the box to the right. <b>REQUIRED SAMPLE SIZE</b> If the # in Line 5 is a decimal, round this number <b>Up</b> to the next higher whole #. Enter this # in the box.	=
<b>B.</b>	<b>Determine number of "error prone" applications</b>	
7.	Number of applications approved as free based on incomes that meet the criteria for "error prone."	
8.	Number of applications approved as reduced that meet the criteria for "error prone."	+
9.	<b>TOTAL "ERROR PRONE" APPLICATIONS</b>	=
<b>C.</b>	<b>Compare the number of "error prone" applications to the Required Sample Size.</b>	
10.	Number required (from Line 6)	
11.	Total number of error prone (from Line 9)	-
12.	<b>Difference (+ or -)</b>	=
	If Line 12 is a positive number (i.e., Line 6 is a higher number than Line 9), you will need to use a random selection method to choose this many additional applications based on income from those you have that are not "error prone."	
	If Line 12 is a negative number (i.e., Line 6 is a lower number than Line 9), use a random selection method to choose the Required Sample Size (Line 6) from <b>ONLY</b> the "error prone" applications.	

SFA \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Worksheet completed by: \_\_\_\_\_

### Alternate Methods of Verification Worksheet School Year 2009/2010

All SFAs are required to complete Verification each school year. You may select the Alternate Methods of Verification if:

- Your SFA is not required to use the Basic Verification Method because either all or up to 19% of applications selected for verification last school year were successfully verified
- At least one application was verified
- Your school meals program is not an RCCI or Special Milk Program school

<b>ALTERNATE METHOD I– Random Method</b>		
1.	Number of <b>applications</b>	
2.	Number of <b>applications</b> approved as free based on income	
3.	Number of reduced price <b>applications</b>	
4.	<b>TOTAL APPLICATIONS</b>	
5.		x <b>.03</b>
6.	<b>Calculated Sample Size</b>	=
<b>REQUIRED SAMPLE SIZE</b>		=
If the number in Line 6 is a whole number, enter this number in the box to the right. If the number in Line 6 is a decimal, round this number <i>UP</i> to the next higher whole number, (even if it is less than .5). Enter this number in the box to the right. Use a random selection method to choose this number of applications.		

Or

<b>ALTERNATE METHOD II– Focused Sample Method</b>		
1.	Number of <b>applications</b> (all applications – those based on income plus those based on case numbers=categorical applications)	
2.		x <b>.01</b>
3.	Number of income <b>applications</b> (within \$100/month or \$1,200/yr of the guideline) that must be verified. <i>Round UP to a whole number. At least one application must be verified.</i>	=
4.	Number of <b>applications</b> based on a case number for Reach Up or 3SquaresVT	
5.		x <b>.005</b>
6.	Number of 3Squares VT/Reach Up <b>applications</b> that must be verified. <i>Round UP to a whole number. At least one application must be verified.</i>	=
	<b>Total number of applications to be verified:</b> Line 3 plus Line 6	=

### 3SquaresVT/Food Stamp Verification for School Lunch Program

**For school to complete:**

School Name \_\_\_\_\_ Date \_\_\_\_\_

School Address \_\_\_\_\_

School representative \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Please verify that the children identified below are receiving 3SquaresVT or Reach Up benefits. If there are additional children, please list them on the back of the form.

\*\*\*\*\*

1. Parent's name \_\_\_\_\_ Case Number \_\_\_\_\_

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\*\*\*\*\*

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

**Send this form to: Department for Children and Families,  
ESD Central Office Staff, School Lunch Verification,  
103 S. Main St., Waterbury, Vt. 05671-1201**

**Please enclose a self-addressed return envelope**

**For DCF to complete:**

\_\_\_\_\_ The children identified above ARE receiving 3SquaresVT or Reach Up benefits.

\_\_\_\_\_ The children identified above are NOT receiving 3SquaresVT or Reach Up benefits.

DCF staff member verifying information \_\_\_\_\_

Date of verification \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

## NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

\*\*\*\*\*

Date \_\_\_\_\_

Dear \_\_\_\_\_:

Federal regulations require that schools conduct a review of a sample number of applications for free and reduced price meals to assure that only eligible students receive these benefits. Your child(ren)'s application has been selected as part of this review.

You must reply to this letter, or your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact \_\_\_\_\_ by \_\_\_\_\_.  
(Name) (Date)

**YOU MUST SEND EITHER:**

- papers that show that you get 3SquaresVT or Reach Up benefits for your child(ren)
- OR**
- papers that show your household's total gross income **AND** the name and social security number of each adult member of your household

The papers that you send may be for any point in time from the month before the date when you applied for free or reduce school meals this year up to the current time.

The Acceptable Information for Verification of Eligibility document lists the kinds of papers that you may use to prove that you get 3SquaresVT or Reach Up benefits for your child or to show your household's income. If possible, send *copies* of the documents, not the originals. If you do send original documents, we will not send them back unless you ask.

We will let you know the results as soon as we complete the review of all the materials you send to us. If you have any questions or if you need any help, please call \_\_\_\_\_ at \_\_\_\_\_.  
(Phone Number) (Name)

Thank you for your cooperation.

Sincerely,

(Name)  
(Title)

These are enclosed: *Acceptable Information for Verification of Free and Reduced Price Meals*

These are enclosed only if appropriate for your household:  
*Names and Social Security Numbers of Adult Household Members*  
*Letter a Household May Have the Social Security Office Complete*  
*Letter a Household May Have an Employer Complete*

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**ACCEPTABLE INFORMATION FOR VERIFICATION OF ELIGIBILITY  
FOR FREE AND REDUCED PRICE MEALS**

You must send **either**: (1) papers that show you receive 3SquaresVT, or (2) the names and social security numbers of each adult household member on the enclosed sheet **and** papers that show your household's income. You may use documentation of Food Stamps or income from the month preceding application through the current month.

**IF YOU PUT A 3SquaresVT OR REACH UP CASE NUMBER ON YOUR CHILD(REN)'S APPLICATION BUT YOU NO LONGER GET 3SquaresVT OR REACH UP BENEFITS**, you need to do **all** of the following:

1. Make out another application form with income information for everyone in your household.
2. Write the name and social security number of each adult household member on the application or on another piece of paper.
3. Send copies of pay stubs or other papers that show your current income from all sources.

**IF YOU DO NOT RECEIVE 3SquaresVT OR REACH UP BENEFITS**, you need to do **both** of the following:

1. Send copies of information or papers that show this information for each person who earned money in your household last month:
  - the amount of gross income received
  - the name of the person who received it
  - the date the income was received
  - how often the income is received
2. Write the name and social security number for each adult household member on the enclosed letter and send it to us.

<b>ACCEPTABLE DOCUMENTS FOR SHOWING HOUSEHOLD INCOME</b>	
<p><b>Earnings/Wages/Salary for each job:</b></p> <ul style="list-style-type: none"> <li>• current paycheck stub or pay envelope that shows how much and how often pay is received</li> <li>• letter from employer stating gross wages paid and how often they are paid</li> <li>• Income Tax Return from previous year</li> </ul>	<p><b>Social Security/Pensions/Retirement Income:</b></p> <ul style="list-style-type: none"> <li>• Social Security Retirement benefit letter</li> <li>• Statement of benefits received</li> <li>• Pension award notice</li> </ul>
<p><b>Unemployment compensation, disability, Worker's Compensation:</b></p> <ul style="list-style-type: none"> <li>• notice of eligibility from State employment security office</li> <li>• Check stub</li> <li>• Letter from Worker's Compensation</li> </ul>	<p><b>Child Support/Alimony</b></p> <ul style="list-style-type: none"> <li>• Court Decree, agreement, or copies of checks received</li> </ul>
<p><b>Welfare Payments (Reach Up, General Assistance)</b></p> <ul style="list-style-type: none"> <li>• Letter from DCF that shows benefits received</li> </ul>	<p><b>All other income</b></p> <ul style="list-style-type: none"> <li>• If you have other types of income (such as rental income) send information that shows the amount of income received, how often it is received, and the date(s) received</li> </ul>
	<p><b>No income</b></p> <ul style="list-style-type: none"> <li>• Send a note explaining how you provide basic necessities and when you expect income</li> </ul>

If you have any questions, or need help deciding what to send, call \_\_\_\_\_

## NAMES AND SOCIAL SECURITY NUMBERS OF ADULT HOUSEHOLD MEMBERS

If you do not show that you now receive 3SquaresVT or Reach Up for your child(ren), you need to complete this form and send it in with papers that show your current household income.

**Directions:** Fill in the name and social security number of each adult household member 21 years or older. If an adult does not have a Social Security number, write in the word "none".

HOUSEHOLD MEMBERS 21 YEARS OR OLDER	SOCIAL SECURITY NUMBERS
1.	
2.	
3.	
4.	
5.	
6.	

**Privacy Act Statement:**

The National School Lunch Act requires that, unless you show that you receive 3SquaresVT or Reach Up benefits for your child(ren), you must provide the social security number of each adult household member or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided for each adult household member or an indication made that an adult household member does not have a social security number benefits will be terminate. The social security number may be used to identify household members in verifying the correctness of information stated on the application and continued eligibility for the program. These verification efforts may be through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a 3SquaresVT/Food Stamp or welfare office to determine current certification for receipt of 3SquaresVT or Reach Up benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. This information must be provided to each adult household member disclosing his/her social security number.

**LETTER A HOUSEHOLD MAY HAVE THE SOCIAL SECURITY OFFICE COMPLETE**

**STATEMENT OF SOCIAL SECURITY  
AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)**

This statement is to confirm that \_\_\_\_\_ received the following  
(Name of Claimant)

benefits from social security \$ \_\_\_\_\_ or SSI \$ \_\_\_\_\_ for the  
month of \_\_\_\_\_.

*Signature and Title of Official*

*Date*

*Address*

*City, State, Zip*

*Telephone*

**LETTER A HOUSEHOLD MAY HAVE AN EMPLOYER COMPLETE**

**STATEMENT OF EARNINGS**

This statement is to confirm that \_\_\_\_\_ received the  
(Employee's Name)

following amount of gross income (income before deductions for taxes, social security, insurance, etc. were made) in the **most recent** pay period \$ \_\_\_\_\_

This income is paid:

- Weekly
- Every Two Weeks
- Twice a Month
- Monthly
- Other (please explain) \_\_\_\_\_

Date the payment listed above was made \_\_\_\_\_.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Federal Employer ID# (FEIN)

\_\_\_\_\_  
*Signature of Employer or Employer Representative*

\_\_\_\_\_  
*Title*

*Address* \_\_\_\_\_

*City, State, Zip* \_\_\_\_\_

*Telephone* \_\_\_\_\_

## VERIFICATION RESULTS

Date:

Dear (insert names of parents/guardians):

Thank you for providing information we requested to verify your child(ren)'s eligibility for free or reduced price meals. The results are indicated below.

\_\_\_\_\_ Your child(ren)'s eligibility for meal benefits will **REMAIN AT** \_\_\_\_\_.

\_\_\_\_\_ **Starting immediately** your child(ren)'s benefits will **CHANGE FROM REDUCED PRICE TO FREE** because your income is within the free meal eligibility limits.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **CHANGE FROM FREE TO REDUCED PRICE** because your income is over the allowable amount for receiving free benefits. The reduced price charge for lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **CHANGE FROM FREE TO NO BENEFITS** because your income is over the allowable amount for receiving benefits. The full price for a student lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **CHANGE FROM REDUCED PRICE TO NO BENEFITS** because your income is over the allowable amount for receiving reduced price benefits. The full price for a student lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **BENEFITS WILL STOP** because you did not provide proof of current eligibility. The full price for a student lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

Your child(ren)'s benefit may be reinstated if you provide the verification information that was requested.

If you do not agree with the decision above, you may discuss it with me. You also have the right to a fair hearing. If you request a hearing by 10 calendar days from the date of this letter, your child(ren) will continue to receive their current benefits until the decision of the hearing official is made. You may request a fair hearing by calling or writing:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Sincerely,

(Approving Official Name, Title and Contact Information))

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# Verification Roster or Log

SFA \_\_\_\_\_

School Year 2009 – 2010

Page \_\_\_\_ of \_\_\_\_

**Directions:** Once the sample of applications has been determined, enter the application number and the names of the students listed on the applications that were chosen for verification. For **Application Type**, enter “C” for **categorical**, “F” for **free by income** or “R” for **reduced**. Enter dates for each activity identified and simply check the appropriate column under “Results” and “Reasons.” Submit a copy of this completed form to Department of Education Child Nutrition Programs with the Verification Report by **December 15**.

Application Number	Name of Student	Application Type	Date(s)					Results of Verification				Reasons for Change				
			Selected and Notice Sent	Response Due	Income information verified	Terminated	Results sent to parent	a. No change	b. Changed to Free	c. Changed to Reduced	d. Changed to paid	e. No response	Not currently enrolled in 3Squares VT or RU	Income too high	Other	

Form Completed by: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Verification Report - see Instructions on the reverse side**

1. LEA # (see on-line agreement)		<b>Mail to:</b> Child Nutrition Programs Vermont Department of Education 120 State Street Montpelier, VT 05620
2. SFA/School Name (see on-line agreement)		
3. Type of SFA	<input type="checkbox"/> Public <input type="checkbox"/> Private	
4. School Year	2009 – 2010	

PART 1 - New School year Enrollment, Application, and Eligibility Information as of October 1				PART 2 - Results of Verification							
5. Number of <b>schools</b> in this SFA operating a lunch and/or breakfast program				9. Check <b>Which Type of Verification Method Used</b> (see Verification Materials ) <input type="checkbox"/> <b>Basic Method:</b> 3% of 09/10 approved/error prone applications, received up to Oct. 1 <b>OR</b> <input type="checkbox"/> <b>Alternate Method:</b> selecting applications either by <input type="checkbox"/> Random <b>or</b> <input type="checkbox"/> Focused							
6. Number of <b>students</b> enrolled in these schools that have access to the lunch and/or breakfast program				<b>STEP 1.</b> <b>WHAT TYPES OF APPLICATIONS DID YOU VERIFY?</b> →		<b>A. FREE Categorically Eligible</b> based on enrollment w/ Case # for Reach Up or 3SquaresVT/Food Stamps		<b>B. FREE Based on Income</b> and household size		<b>C. REDUCED Price Eligible</b>	
				<b>STEP 2.</b> <b>WHAT WAS THE RESULT?</b> ↓							
		# of STUDENTS	# of APPLICATIONS			# Students	#Apps	# Students	#Apps	# Students	#Apps
7-a	<b># DIRECTLY CERTIFIED</b> STUDENTS who are approved as free, who are NOT SUBJECT to Verification, runaway and homeless youth, federal Head Start list, migrant list, residential students (RCCIs) and non-applicants certified by local officials.			10. Responded, No Change (column a. on Roster)							
				11. Responded, Changed to Free (column b. on Roster)							
7-b	<b># approved as FREE</b> Based On 3SquaresVT/Food Stamps or Reach Up Case Numbers, submitted on an application <b>CATEGORICALLY ELIGIBLE</b>			12. Responded, Changed to Reduced (column c. on Roster)							
7-c	<b># approved as FREE</b> Based On <b>Income</b> /household size			13. Responded, Changed to Paid (column d. on Roster)							
7. Total approved for <b>FREE</b> (must equal sum of 7-a through 7-c)				14. Did not respond and benefits were terminated (column e. on Roster)							
8. Total # approved for <b>REDUCED</b>											

Printed Name of Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#	Instruction	#	Instruction	Comments
1.	List the SFA's LEA# (The LEA # can be found in the LEA on-line application/agreement.)	7-a	Enter the number of students eligible for free meals based only on <b>Direct Certification</b> from your master lists.	Do not include students whose current eligibility is based on approval made last year and carried over to this year.
		7-b	In the first block & column, enter <b>the number of students approved as FREE</b> based on a 3SquaresVT or Reach Up case number submitted on an application (i.e. <b>Categorically eligible</b> ).  In the second block & column, enter the <b>number of applications approved as FREE, Categorically eligible</b> .	Since there is probably more than one student listed on some applications, the number of students will be at least the same as and probably greater than the number of applications you report in block 7-b.
2.	Enter the LEA's/School's full name.  (The LEA name can be found in the LEA on-line application/agreement.)	7-c	In the first block & column, report <b>the number of students approved for free meals based on Income</b> .  In the second block & column, enter <b>the number of applications</b> that were approved as <b>free based on income</b> .	Since there is probably more than one student listed on some applications, the number of students will be at least the same and probably greater than the number of applications you report in block 7-c.  <b>NOTE: FOSTER CHILDREN</b> and their applications are counted in this block.
3.	Check one box	7	Enter the <b>total number</b> of students eligible for <b>free meals</b> approved for this school by October 1. The number in block 7 must equal the total of <b>7-a + 7-b + 7-c</b> .	Do not include students whose current eligibility is based on approval made last year and carried over to this year.
4.	Already filled in for you	8.	In the first block & column enter the <b>number of students</b> approved for <b>reduced price</b> .  In the second block enter the <b>number of applications</b> that were approved for <b>reduced price meals</b> .	Do not include students whose current eligibility is based on approval made last year and carried over to this year. Since there is probably more than one student listed on some applications, the number of students will be at least the same and probably greater than the number of applications you report in block 8.
5.	Enter the number of schools (sites) in the SFA that participate in the school breakfast and/or school lunch program	9.	Check verification method used.	The worksheet the Vermont Appendix explains these terms.
6.	Enter the total enrollment of students who have access to the breakfast and/or lunch programs at the sites reported in Block 5.	10. to 14.	In these blocks report the outcome for each application verified.  In the first block enter the number of students who were approved on the applications verified in that category (listed at the top of the column) for that outcome (listed at the beginning of the row), and in the next block enter the number of applications that those students were on.	Find the column for the category or basis on which the application was originally approved for each application that was verified (i.e. was the application free based on income, etc.) Then find the Verification outcome for each application (i.e. there was no change, there was a change from free to reduced, etc.) Use your Verification Roster to determine results for each application.