

Department of Agriculture, Food and Nutrition Service  
**Local Educational Agency Second Review of Applications Report**

State agencies must report the information on this form ANNUALLY (by March 15th) for all local educational agencies (LEA) selected to conduct a second review of applications required under 7 CFR 245.11(b)(1)(i-iv).

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 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

<b>State Agency:</b>	<b>SFA/LEA ID:</b>	<b>SFA/LEA NAME:</b>	<b>School Year:</b> From: 20__ To: 20__
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<b>1-1: Total number of schools in LEA:</b>	<b>1-2: Total number of enrolled students in LEA:</b>
<b>1-3: Total number of applications:</b> <i>Report all applications subject to second review</i>	<b>1-4: Total number of applications with changed eligibility determinations:</b> <i>Report all applications resulting in a changed determination due to the second review process</i>

**1-5: Results of Second Review by Initial Eligibility Determination**

For each initial eligibility determination (A, B, & C), report the number of applications for each result category (1, 2, & 3), and error-source categories (a, b, c, & d).

<b>A. FREE- Determined as FREE based on application</b>	<b>B. REDUCED PRICE- Determined as REDUCED PRICE based on application</b>	<b>C. PAID- Determined as PAID based on application</b>
<b>1. NO CHANGE:</b>	<b>1. NO CHANGE:</b>	<b>1. NO CHANGE:</b>
<b>2. Changed to REDUCED PRICE:</b>	<b>2. Changed to FREE:</b>	<b>2. Changed to FREE:</b>
<b>a. Incomplete application error:</b>	<b>a. Incomplete application error:</b>	<b>a. Incomplete application error:</b>
<b>b. Categorical eligibility error:</b>	<b>b. Categorical eligibility error:</b>	<b>b. Categorical eligibility error:</b>
<b>c. Gross income calculation error:</b>	<b>c. Gross income calculation error:</b>	<b>c. Gross income calculation error:</b>
<b>d. Other error:</b>	<b>d. Other error:</b>	<b>d. Other error:</b>
<b>3. Changed to PAID:</b>	<b>3. Changed to PAID:</b>	<b>3. Changed to REDUCED PRICE:</b>
<b>a. Incomplete application error:</b>	<b>a. Incomplete application error:</b>	<b>a. Incomplete application error:</b>
<b>b. Categorical eligibility error:</b>	<b>b. Gross income calculation error:</b>	<b>b. Categorical eligibility error:</b>
<b>c. Gross income calculation error:</b>	<b>c. Other error:</b>	<b>c. Gross income calculation error:</b>
<b>d. Other error:</b>		<b>d. Other error:</b>

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### Additional Instructions for Reporting the FNS-742a

For LEAs selected to conduct the second reviews of applications, enter the State agency name, either the LEA or SFA identification code (only one code needed), name of LEA or SFA, and the appropriate school year.

**1-1:** Total number of schools within LEA.

**1-2:** Total number of enrolled students in LEA.

**1-3:** The total number of reviewed applications (includes all applications, **both those determined eligible and ineligible** in the initial application review). Value should equal the sum of the categories (1-4 + 1-5A1 + 1-5B1 + 1-5C1).

**1-4:** The total number of applications in the LEA whose eligibility determinations changed as a result of the Second Review of applications. This includes the count of changes in eligibility determinations for all applications, **both those determined eligible and ineligible** in the initial application review. Value should equal the sum of the categories (1-5A2(a-d); 1-5A3(a-d); 1-5B2(a-d) 1-5B3(a-c); 1-5C2(a-d); & 1-5C3(a-d)).

**1-5: This section captures information about the results from the second review of applications. All applications reported in 1-3 must be reported in this section (e.g. applications that were determined ELIGIBLE and INELIGIBLE during the INITIAL application review).**

For each initial eligibility determination (**A, B, & C**), report the number of applications for each result category (**1, 2, & 3**). For applications with a changed initial eligibility determination, report the number of applications in each error source category that resulted in the eligibility determination change (only report in one error source category for each application). In some scenarios, one or more of the error sources may not be relevant. Error sources are as follows:

**Incomplete application errors** include: lack of application signature, lack of SSN (last four digits), missing income value for household member(s), missing case numbers (i.e. SNAP), and other missing information that is necessary for an eligibility determination.

**Categorical eligibility errors** include: invalid case numbers/identifiers, categorical eligibility claims known to be false, and invalid categorical standards. **Gross income calculation errors** include: incorrectly calculating household size, incorrectly determining the frequency of receipt of income, not converting multiple income sources to annual income, not counting the child in the list of household members or counting the child twice, incorrect arithmetic, misclassifying reportable income, and other income computation errors.

**Other errors** include: any errors that are not included in the other categories that caused a change in eligibility determination or benefit level during the second review of applications.

**A1, B1, & C1:** The total number of applications, by initial eligibility determination, that did not result in a change in eligibility determination or benefit level.

**A2:** The total number of applications Determined as FREE during the initial review of applications that changed to REDUCED PRICE due to the second review. Value should equal the sum of the error source categories under 1-5A2 (a, b, c, & d).

**A2a-d:** The number of applications with changes in eligibility determination by each error source.

**A3:** The total number of applications Determined as FREE during the initial review of applications that changed to PAID due to the second review. Value should equal the sum of the error source categories under 1-5A3 (a, b, c, & d).

**A3a-d:** The number of applications with changes in eligibility determination by each error source.

**B2:** The total number of applications Determined as REDUCED PRICE during the initial review of applications that changed to FREE due to the second review. Value should equal the sum of the error source categories under 1-5B2 (a, b, c, & d).

**B2a-d:** The number of applications with changes in eligibility determination by each error source.

**B3:** The total number of applications Determined as REDUCED PRICE during the initial review of applications that changed to PAID due to the second review. Value should equal the sum of the error source categories under 1-5B3 (a, b, & c).

**B3a-c:** The number of applications with changes in eligibility determination by each error source.

**C2:** The total number of applications Determined as PAID during the initial review of applications that changed to FREE due to the second review. Value should equal the sum of the error source categories under 1-5C2 (a, b, c, & d).

**C2a-d:** The number of applications with changes in eligibility determination by each error source.

**C3:** The total number of applications Determined as PAID during the initial review of applications that changed to REDUCED PRICE due to the second review. Value should equal the sum of the error source categories under 1-5C3 (a, b, c, & d).

**C3a-d:** The number of applications with changes in eligibility determination by each error source.