- DATE: February 3, 2006
 TO: Business Managers, Principals, and Administrators of Public and Private Non-Profit Schools
 FROM: Stephen Carey, Nutrition Program Specialist Office of School Support and Family Engagement
- SUBJECT: Verification Reporting Requirements for the National School Lunch Program

According to 7 CFR Part 245 of the Federal Regulations, the Department of Education, Office of School Improvement and Support Services, must monitor Verification Requirements for the National School Lunch, School Breakfast and After School Snack Programs each year. Verification is defined as confirmation of eligibility for free and reduced-price meals under the National School Lunch Program, School Breakfast Program, and After School Snack Program. Your schools conducted and completed Verification in December and have been awaiting instructions from us regarding reporting the results.

Last year, we created new forms to be used to report and summarize the results to our office. The report forms and instructions are very similar to last year but were revised to reflect changes in verification procedures implemented this year. These forms and instructions are enclosed.

School principals/building administrators should send completed **School Verification Summary Report** form(s) (**Form RI-Ver1** and **RI-Ver2**, if necessary) for their school to the Business Manager's Office. Business Managers are requested to use the enclosed **School Food Authority Summary Report** form (**Form RI-FNS742**) to compile the data from each school. Once the data from the schools/sites is tabulated, please return the School Food Authority Summary Report to our office. RIDE has created an electronic version of the **School Verification Summary Report** that is accessible through **eRIDE** under the title, *Lunch Audit*. If you are submitting this data electronically, you will need to log on to **eRIDE**, click on the *Lunch Audit* icon, select your school then enter and save the data. It is critical that all schools/sites under your authority provide this data.

Please submit the **School Food Authority Summary Report** form (**Form RI-FNS742**) on or before <u>March</u> <u>15, 2006</u>. Your cooperation in the collection of this important data is greatly appreciated. If you have any questions or need technical assistance for reporting Verification results, please call me at 222-8936, or e-mail at stephen.carey@ride.ri.gov.

Enclosures

SCHOOL VERIFICATION SUMMARY FORM RI Ver1

INSTRUCTIONS

COMPLETE THIS FORM AND SEND IT TO YOUR ASSIGNED SCHOOL DEPARTMENT ADMINISTRATOR RESPONSIBLE FOR COMPILING VERIFICATION DATA.

Each year administrators are required to report the results of verification in their school. This form is to be used to provide this information to the School Food Authority (SFA). The SFA now sends a consolidated report (if more than one school) to RIDE.

- A. Please complete the heading portion of the form with school name, school department and type of school.
- **B.** Question #1: In Column A, report the TOTAL NUMBER OF FREE ELIGIBLE STUDENTS that the SFA reported as of the *first* operating day in October. This total must equal the sum of the 3 free eligibility categories, which are reported on lines 1-1 through 1-3.
 - a. 1-1. In Column A, report the TOTAL NUMBER OF STUDENTS approved as FREE ELIGIBLE whose approval is not subject to verification. This includes students who are directly certified based on information from the Food Stamp/FIP agency, children on the homeless liaison list, income eligible Head Start, pre-K Even Start, residential students in RCCIs, and non-applicants who are approved by local officials.
 - b. 1-2. In Column A, report the TOTAL NUMBER OF STUDENTS approved as FREE ELIGIBLE based on a Food Stamp/FIP case number that was submitted on an application (Categorically Eligible Applications). In Column B, report the TOTAL NUMBER OF APPROVED CATEGORICALLY ELIGIBLE APPLICATIONS on file.
 - c. 1-3. In Column A, report the TOTAL NUMBER OF STUDENTS approved as FREE ELIGIBLE based on household size and income information submitted on an application. In Column B, report the TOTAL NUMBER OF APPROVED INCOME ELIGIBLE-FREE APPLICATIONS on file.
- C. Question #2: In Column A, report the TOTAL NUMBER OF STUDENTS approved as REDUCED PRICE ELIGIBLE. In Column B, report the TOTAL NUMBER OF APPROVED REDUCED PRICE ELIGIBLE APPLICATIONS on file.
- D. Question #3: Determine how many applications you are required to verify if you are using random sampling. Use the formula provided.
- E. Question #6: Report the type of verification process the school uses to comply with the requirements of 7 CFR 245.6a.
- F. Questions #5-#9: Report the results of the verification process BY TYPE OF APPLICATION APPROVAL.

Items 5-9 are required, and are reported as of the date of completion of verification. For the purposes of this report verification is complete:

- For households whose eligibility does not change: as of the date of the confirmation of eligibility by a reviewing official;
- For households which do not appeal a change in eligibility: as of the first operating day following the last date for filing an appeal in response to a notice of change in eligibility;
- For households that appeal a change in eligibility: as of the first operating day following a decision by the hearing official.

5. Report the number of applications with no change in eligibility and the number of students on these applications, for each application type.

6. Report the number of applications for which eligibility was changed to FREE BASED ON DOCUMENTATION PROVIDED BY THE HOUSEHOLD, and the number of students on these applications, for each application type.

7. Report the number of applications for which the eligibility was changed to REDUCED PRICE <u>BASED ON DOCUMENTATION PROVIDED BY THE</u> <u>HOUSEHOLD</u>, and the number of students on these applications, for each application type.

8. Report the number of applications for which the eligibility was changed to PAID <u>BASED ON DOCUMENTATION PROVIDED BY THE HOUSEHOLD</u>,

and the number of students on these applications, for each application type. 9. Report the number of applications for which the eligibility was changed to PAID <u>BECAUSE THE HOUSEHOLD DID NOT RESPOND</u>, and the number of students on these applications, for each application type. <u>NOTE</u>: Report ALL applications for which the household did not respond, even if the students on the application continued to receive free or reduced price meals while being claimed as paid.

SCHOOL NAME:			School Department:					
SCHOOL VERIFICATION SUMMARY REPORT SY 05/06			Type of School: Public Private					
I. Enrollment, Application, and Eligibility Information (Pre-Verification)			II. Results of Verification, by Application Type					
			4. Type of Verification Used at this School:					
Report Items 1 through 2 as of the first operating day in October			Items 5 through 9 are required and are reported as of the date of completion of the verification process (see instructions).		A. FREE ELIGIBLE based on Food Stamp/ FIP Application	B. FREE ELIGIBLE based on Income/ Household Size Application	C. REDUCED PRICE ELIGIBLE	
			5. No Change	# applications				
				# students				
			6. Responded,	# applications				
	# of Students	# of Approved Applications	Changed to Free	# students				
1. Total FREE ELIGIBLE reported			7. Responded, Changed to	# applications				
1-1 # approved as FREE ELIGIBLE who are not subject to verification (direct certifications,			Reduced Price	# students				
homeless liaison list, income-eligible Head Start, pre-K Even Start, residential students in RCCIs,	of Responded	8. Responded,	# applications					
non-applicants approved by local officials) 1-2 # approved as FREE ELIGIBLE based on		*	Changed to Paid	# students				
Food Stamp/FIP case number submitted on an application (Categorically Eligible)			9. Did Not Respond	# applications				
1-3 # approved as FREE ELIGIBLE based on income/household size information submitted on an application		*		# students				
2. Total REDUCED PRICE		*				•	,	
ELIGIBLE reported3. How many applications are you required to verify if using random sampling (use numbers from Column B "# of Approved Applications")?			Person Completing Form: Date of Completion:					
<pre>#1-2* #1-3* #2* (round up) (Note: if you elect to verify more than the required 3%, you must carry</pre>								

Form RI-Ver1 (11/05)

SCHOOL FOOD AUTHORITY VERIFICATION SUMMARY FORM RI FNS742

INSTRUCTIONS

This form is to be a compilation of the verification data from each school under your administration.

Each year School Food Authorities are required to report the results of verification in their school(s) under its administration to the State Agency. This form is to be used to provide this information to the RI Department of Education.

- A. Please complete the heading portion of the form with SFA Agreement #, name and type of school.
- B. Questions #1-#2: Report the TOTAL number of NSLP/SBP schools and the TOTAL number of students with access to the NSLP/SBP for the SFA in column A.
- C. Question #3: In Column A, report the TOTAL NUMBER OF FREE ELIGIBLE STUDENTS that the SFA reported as of the first operating day in October. This total must equal the sum of the 3 free eligibility categories that are reported on lines 3-1 through 3-3.
 - a. 3-1. In Column A, report the TOTAL NUMBER OF STUDENTS approved as FREE ELIGIBLE whose approval is not subject to verification. This includes students who are directly certified based on information from the Food Stamp/FIP agency, children on the homeless liaison list, income eligible Head Start, pre-K Even Start, residential students in RCCIs, and non-applicants who are approved by local officials.
 - b. 3-2. In Column A, report the TOTAL NUMBER OF STUDENTS approved as FREE ELIGIBLE based on a Food Stamp/FIP case number which was submitted on an application (Categorically Eligible Applications). In Column B, report the TOTAL NUMBER OF APPROVED CATEGORICALLY ELIGIBLE APPLICATIONS on file.
 - c. 3-3. In Column A, report the TOTAL NUMBER OF STUDENTS approved as FREE ELIGIBLE based on household size and income information submitted on an application. In Column B, report the TOTAL NUMBER OF APPROVED INCOME ELIGIBLE-FREE APPLICATIONS on file.
- D. Question #4: In Column A, report the TOTAL NUMBER OF STUDENTS approved as REDUCED PRICE ELIGIBLE. In Column B, report the TOTAL NUMBER O APPROVED REDUCED PRICE ELIGIBLE APPLICATIONS on file.
- E. Question #5: Report the type of verification process the SFA uses to comply with the requirements of 7 CFR 245.6a.
- F. Questions #6-#10: Report the results of the verification process BY TYPE OF APPLICATION APPROVAL.

Items 6-10 are required, and are reported as of the date of completion of verification. For the purposes of this report verification is complete:

- For households whose eligibility does not change: as of the date of the confirmation of eligibility by a reviewing official;
- For households which do not appeal a change in eligibility: as of the first operating day following the last date for filing an appeal in response to a notice of change in eligibility;
- For households that appeal a change in eligibility: as of the first operating day following a decision by the hearing official.
- G. Report the number of applications with no change in eligibility and the number of students on these applications, for each application type.
- H. Report the number of applications for which eligibility was changed to FREE <u>BASED ON DOCUMENTATION PROVIDED BY THE HOUSEHOLD</u>, and the number of students on these applications, for each application type.
- I. Report the number of applications for which the eligibility was changed to REDUCED PRICE <u>BASED ON DOCUMENTATION PROVIDED BY THE</u> <u>HOUSEHOLD</u>, and the number of students on these applications, for each application type.
- J. Report the number of applications for which the eligibility was changed to PAID <u>BASED ON DOCUMENTATION PROVIDED BY THE HOUSEHOLD</u>, and the number of students on these applications, for each application type.
- K. Report the number of applications for which the eligibility was changed to PAID <u>BECAUSE THE HOUSEHOLD DID NOT RESPOND</u>, and the number of students on these applications, for each application type. <u>NOTE</u>: Report ALL applications for which the household did not respond, even if the students on the application continued to receive free or reduced price meals while being claimed as paid.

RHODE ISLAND DEPARTMENT OF EDUCATION			SFA Agreement #:					
SCHOOL FOOD AUTHORITY			SFA NAME:					
VERIFICATION SUMMARY REPORT								
			Type of School: Public Private					
I. Enrollment, Application, and Eligibility Information (Pre-Verification)			II. Results of Verification, by Application Type					
		5. Type of Verification Used at this School: Random (error-prone) RandomFocused						
Report Items 1 through 5 as of the first operating day in October	A. All Schools		Items 6 through 10 are required and are reported as of the date of completion of the verification process (see instructions).		A. FREE ELIGIBLE based on Food Stamp/ FIP Application	B. FREE ELIGIBLE based on Income/ Household Size Application	C. REDUCED PRICE ELIGIBLE	
1. Number of schools and RCCIs operating the NSLP and/or SBP			6. No Change	# applications				
				# students				
2. Number of enrolled students with access to the NSLP (or SBP for SBP only schools)			7. Responded, Changed to Free	# applications				
	# of Students	# of Approved Applications		# students				
3. Total FREE ELIGIBLE reported			8. Responded, Changed to Reduced Price 9. Responded, Changed to Paid	# applications				
 3-1 # approved as FREE ELIGIBLE who are not subject to verification (direct certifications, homeless liaison list, income-eligible Head Start, pre-K Even Start, residential students in RCCIs, non-applicants approved by local officials) 3-2 # approved as FREE ELIGIBLE based on Food Stamp/FIP case number submitted on an application (Categorically Eligible) 				# students				
				# applications				
				# students				
			10. Did Not Respond	# applications				
3-3 # approved as FREE ELIGIBLE based on income/household size information submitted on an application				# students				
4. Total REDUCED PRICE ELIGIBLE reported			Name of person con Date completed:	npleting form:				

Form RI-FNS742 (11/05)