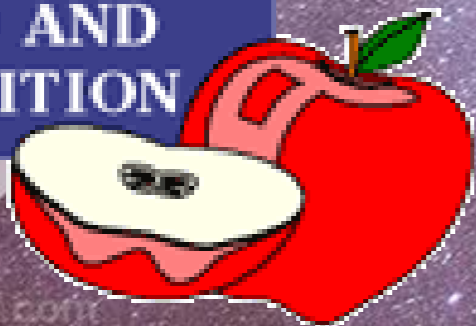


# Verification Webinar: Episode 1

**Verification Process & Part 1  
of Collection Report**

**DIVISION OF  
FOOD AND  
NUTRITION**



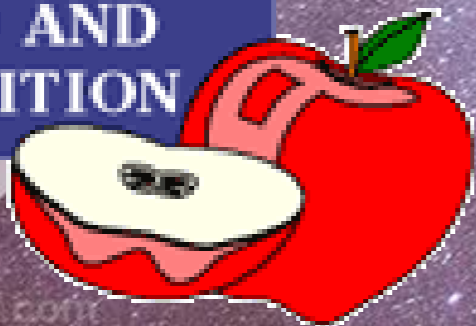
NJ Department of Agriculture  
School Nutrition Programs  
609-984-0692  
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# Objectives

- ❖ **To understand and conduct the verification process correctly**
- ❖ **To file accurate required reports in a timely manner**
- ❖ **To understand how to complete the Verification Collection Report Part 1 (FNS-742)**

# What's New?

- ❖ **USDA now allows the verification process to start before October 1<sup>st</sup>**
  - ❖ **Examples of how SFAs can conduct verification earlier:**
    - ❖ **Sampling twice and conducting follow up after October 1<sup>st</sup>**
    - ❖ **Continuous sampling and follow up**
- ❖ **Refer to the policy memo SP42-2017 for more information**
- ❖ **Verification Toolkit: Allows parents and guardians to submit verification documents with your smartphone if acceptable to SFAs**
- ❖ **The confirming official no longer has to sign and date the Verification Tracker (Form #242)**

# What is Verification?

- ❖ **Confirmation of eligibility for free and reduced price meals**
- ❖ **Required when eligibility is determined through the paper application process**
- ❖ **Identifies children who are receiving benefits incorrectly therefore misusing federal funds**

# Included in Verification

- ❖ **Verification is only required when eligibility is determined through the application process.**
- ❖ **Applications determined “Free” subject to Verification must include either confirmation of:**
  - ❖ **Reported income**
  - OR**
  - ❖ **SNAP/TANF case number OR Foster Box checked**
- ❖ **Applications determined “Reduced” subject to Verification must include confirmation of:**
  - ❖ **Reported income**

# Not to Be Included in Verification

- ❖ **Directly certified students (SNAP/TANF/FOSTER)**
- ❖ **Homeless, migrant, and runaway children**
- ❖ **Children in RCCIs (Group Homes)**
- ❖ **Schools participating only in Milk Programs (FPM or SSMP)**
- ❖ **Foster child with documentation from Department of Children and Families (DCF)**
- ❖ **Denied applications**



# Save the Dates

## ❖ **October 1<sup>st</sup>**

❖ **Verification Collection Report Part 1 Opens**

## ❖ **October 30<sup>th</sup>**

❖ **Deadline to Complete Part 1 Verification Collection Report**

## ❖ **October 31<sup>st</sup>**

❖ **Verification Collection Report Part 2 Opens**

## ❖ **November 15<sup>th</sup>**

❖ **Deadline to Complete the Verification Process**

## ❖ **November 30<sup>th</sup>**

❖ **Deadline to Submit Verification Collection Report Part 2 in SNEARS**

# Step 1: Prepare, You Will

**Collect the following:**

- ❖ **Applications are complete and correctly determined**
- ❖ **A second look for accuracy is strongly suggested**
- ❖ **Applications have been correctly identified as error prone**
- ❖ **The district has developed a Master Eligibility List (MEL)**

# Step 2: Sample Size, You Must Determine

- ❖ **Number of applications that must be verified**
- ❖ **Database calculates it for you**  
**OR**
- ❖ **3% of all applications approved by the SFA for the school year, selected from error prone applications**
  - ❖ **All fractions or decimals rounded up to the nearest whole number**

# Step 3: Error Prone, You Must Choose



- ❖ **Error prone applications are those in which the household's income is close to the income guidelines.**
- ❖ **The purpose of error prone identifies people who may be reporting information fraudulently**

# An Error Prone Conundrum

**Not Enough Error Prone?**

❖ **Randomly select from remaining applications**

**Too Many Error Prone?**

❖ **Randomly select from error prone**



# Random Selection

- ❖ **Any method which gives each application an equal chance of being selected**
- ❖ **Selection must not involve discrimination**

# Step 4: Determination, You Must Confirm

❖ Prior to notifying the household of verification, the applications selected must be reviewed by the confirming official

❖ Confirming official:

- ❖ Validates determination

  - ❖ If incorrect, notify household of change

- ❖ Correctly identifies application as “error prone”

- ❖ Signs and dates the application

- ❖ Must not be the determining official

# Step 5: Households, You Must Notify

- ❖ **Set up verification folder**
- ❖ **Complete and attach “Verification Tracker” (Form #242) for each application selected**
- ❖ **Households must be notified in writing using “We Must Check Your Application” (Form #236)**
- ❖ **Attach all documents and correspondence to verified application**



# Step 6: Income, You Must Verify

- ❖ **Must verify ALL income on the application**
- ❖ **Acceptable proof of income documents must be from the month prior to applying**
  - ❖ **If a family is asked to verify their income in October, they may submit a September pay stub or other relevant documentation**

# Acceptable Documentation for Income

## Earnings From Work

- ❖ Dated paycheck stub indicating GROSS income amount and frequency
- ❖ Signed and dated letter from employer indicating gross income amount and frequency
  - ❖ Use "Letter to Verify Employment" (Form #241)

## **Social Security, Pensions or Retirement**

- ❖ **Social Security retirement benefit letter**
- ❖ **Statement of benefits received**
- ❖ **Pension award notice**
- ❖ **Paystub or copy of check**

## **Unemployment, Disability, or Worker's Compensation**

- ❖ **Notice of eligibility from state employment security office**
- ❖ **Check stub**
- ❖ **Letter from worker's compensation**

## **Public Assistance/Welfare Payments**

- ❖ **An official letter from public assistance program/agency specifying the certification period**

## **Other Income (such as rental)**

- ❖ **A dated letter indicating amount of income and frequency**

## **Child Support or Alimony**

- ❖ **Court decree or agreement**
- ❖ **Copies of checks received**

## **Military Housing**

- ❖ **Letters/rental contract from the military housing privatization initiative**

## **Self-employed**

❖ **Accounting Ledger/Business Statements**

❖ **Last quarterly tax estimate**

❖ **Prior year's tax return**

## **Foster Child**

- ❖ **Documentation from an appropriate State or local agency indicating the child is the responsibility of the State or has been placed with a caretaker by the court.**
- ❖ **“Resource Family Parent Identification Letter” (DCF 5-49)**



# **Acceptable Documentation for Categorical Eligibility (NJ SNAP or TANF)**

- ❖ **Letter from NJ SNAP or TANF office that specifies dates of certification**

# **Unacceptable Documentation (NJ SNAP or TANF)**

**❖ Medicaid Identification Card**

**❖ WIC Identification Folder**

**❖ Family First Card**

**❖ W-2 Forms**

**❖ EBT Card**

# Zero Income Applications

❖ If a zero income application is selected *randomly* or *for cause*:

❖ The SFA must request an explanation of how living expenses are being met

❖ The SFA may request additional written documentation or collateral contacts

# Collateral Contacts

- ❖ **Used when the household is not able to provide written evidence**
- ❖ **An individual outside the household who is knowledgeable about the household's circumstances**

# Failure to Respond

❖ **SECOND ATTEMPT must be made by:**

❖ **Mail "Second Notice We Must Check Your Application" (Form #21)**

**OR**

❖ **Phone**

❖ **Email**

❖ **Text**

# Incomplete Verification

- ❖ **An attempt must be made to obtain the missing information using “Letter to Notify Household of Incomplete Verification” (Form #237)**

# Documenting Progress

- ❖ **Document on “Verification Tracker”**

- ❖ (Form #242) attempts and results

- ❖ **Verification must be completed for all applications selected**

- ❖ **If all students in the household withdraw, must select a new application to verify**

# Results of Verification

- ❖ **No Change in benefits**
- ❖ **Increase in benefits**
- ❖ **Reduction in benefits**
- ❖ **Termination of benefits**
- ❖ **The SFA *must* send the “We Have Checked Your Application” (Form #244) regardless of verification results**



# No Change in Benefit Level

❖ **Documentation supports approved benefit level**

# Increase in Benefit Level

- ❖ **Documentation qualifies the household for free meals**
- ❖ **Benefits are increased immediately**

**R → F**

# Reduction in Benefit Level

- ❖ **Documentation exceeds the original reported amount**
- ❖ **The household must be given 10 calendar days prior to reducing benefits**

**F→R or F→D or R→D**

# Termination of Benefit Level After 2<sup>nd</sup> Attempt

- ❖ **Failure to respond to verification  
or**
- ❖ **Incomplete response to verification**
  
- ❖ **The SFA *must* send the “We Have  
Checked Your Application” (Form #244)**
  
- ❖ **The household must be given 10 calendar  
days prior to reducing benefits**

# Household Responds to Termination Notice

- ❖ **If household responds with required documents within 10 calendar days and eligibility is supported, benefits continue**
- ❖ **If household responds and eligibility is not supported, benefits remain terminated/denied**
- ❖ **The SFA *must* send the “We Have Checked Your Application” (Form #244)**

# Recordkeeping

- ❖ **Staff must be notified of changes in meal eligibility**
- ❖ **Meal status changes must be extended to all children in the household**
- ❖ **Meal status changes are applied to all school nutrition programs offered**

# Appeal Process

- ❖ **Households request hearing during the 10 calendar day period**
- ❖ **SFA must continue to provide original benefits until final determination is made**
- ❖ **If hearing official rules:**
  - ❖ **a termination or reduction, benefits takes place within 10 operating days**
  - ❖ **an increase in benefits takes place within 3 operating days**

# Reapplying

**Households that are affected by reduction or termination in benefits:**

- ❖ **May reapply any time during the school year**
- ❖ **These applications are NOT considered new applications**
- ❖ **Required to submit income or proof of participation in NJ SNAP or TANF documentation at time of reapplication**



# Verifying for Cause

- ❖ **May verify any questionable application for cause anytime during the school year**
- ❖ **Excluded from sample size**
- ❖ **Must include results on “Verification Collection Report” (FNS-742) if verified for cause before November 15th**

# Verifying School District Employees for Cause

- ❖ **Verification for cause must not be conducted on all district employees' approved lunch applications**
- ❖ **May conduct verification for cause on questionable applications only**

# Verification Collection Report

## Part 1

- ❖ **Calculates how many applications to verify**
  - ❖ **Opens October 1<sup>st</sup>**
  - ❖ **Closes October 30<sup>th</sup>**

## Part 2

- ❖ **SFA Reports the results of Verification Process**
  - ❖ **Opens October 31<sup>st</sup>**
  - ❖ **Closes November 30<sup>th</sup>**

# Verification Collection Report

## Overview

- ❖ **All SFAs participating in the NSLP/SBP must complete the report**
- ❖ **RCCIs, SFAs operating CEP, Provision 1 or Provision 2 must complete the report in the applicable sections**

# Verification Collection Report Features

- ❖ **Hover Feature**

- ❖ **Question mark icon**

- ❖ **Submission Status Update:**

  - ❖ **Saved**

  - ❖ **Submitted**

  - ❖ **Pending – If a justification was provided the status will be pending review of State Agency approval**

# General Information

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:**

Public  Nonprofit/Private

**School Year:**

From: 20  To: 20

**SFA Name:**

**SFA City:**

**SFA Zip code:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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[Instructions for Completing PART 1 of the Verification Collection Report \(Form FNS - 742\).](#)

PART 1 - Verification Data as of October 1st - Status:	
PART 1 - Revised Date:	

The system will allow you to make a change to the data entered until November 10th. Any changes made to PART 1 after November 10th must be updated by state agency staff. Contact the School Nutrition Programs Unit at 609-984-0692 for assistance.

<b>Department of Agriculture, Food and Nutrition Service</b>			
<b>School Food Authority (SFA) Verification Collection Report</b>			
<b>State Agency Name:</b> New Jersey Department of Agriculture, Division of Food and Nutrition	<b>SFA ID:</b> 01018888	<b>Type of SFA:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Non Profit/Private	<b>School Year:</b> From: 2017 To: 2018
<b>SFA Name:</b> ANY TOWN BD. OF ED.	<b>SFA City:</b> TRENTON	<b>SFA Zipcode:</b> 08665	

**INSTRUCTION:** Enter the number of **APPROVED** applications and **ERROR PRONE** applications **AS OF October 1st** and then click the **Submit** button below

**OR**

Check this box to certify that either **ALL** schools or **RCCIs** under your **LEA** do **NOT** have **APPROVED** Free/Reduced price applications on file as of **October 1st**, **OR** your district is operating under district-wide Community Eligibility Provision (CEP), Provision 1 or Provision 2 in a **NON-BASE** year, and then click the **Submit** button below.

	A. Number of Applications
<b>4-1: Approved as categorically FREE eligible:</b> Report the number of paper applications approved with a SNAP/TANF case number OR the Foster Box was checked as of October 1st. DO NOT include any carryover eligibility from the prior year.	<input style="width: 50px;" type="text"/>
<b>4-2: Approved as FREE eligible:</b> Report the number of paper applications approved as FREE based on household size and income information as of October 1st. DO NOT include any carryover eligibility from the prior year.	<input style="width: 50px;" type="text"/>
<b>4-3: Approved as REDUCED PRICE eligible:</b> Report the number of paper applications approved as REDUCED PRICE based on household size and income information as of October 1st. DO NOT include any carryover eligibility from the prior year.	<input style="width: 50px;" type="text"/>
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<b>Number of Applications to be Verified:</b> (3% of 4-1A + 4-2A + 4-3A)	<input style="width: 100%;" type="text"/>
---	---

I certify that the numbers entered are the numbers of **APPROVED** paper applications on file as of **OCTOBER 1** for the current school year.

**REMINDER: YOU MUST LOG IN ON OR AFTER OCTOBER 31ST AND NO LATER THAN NOVEMBER 30TH TO FINISH THE VERIFICATION DATA COLLECTION REPORT.**

**Submit**

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**Submit**

# Thank you for attending the Verification webinar!

**This webinar will count toward 2 hours of professional standards training:**

**Key Area- Administration**

**Learning Topic- Free and Reduced Price Meal Benefits**

**Topic Code - 3110 Eligibility**



**Department of Agriculture  
School Nutrition Programs**

**609.984.0692**

**[www.nj.gov/agriculture](http://www.nj.gov/agriculture)**



**This institution is an equal opportunity provider.**

**MAY THE FORCE  
BE WITH YOU**

Contact the School Nutrition Programs' Staff at  
609-984-0692 with program related questions

OR

Email us:

[fatima.malik@ag.nj.gov](mailto:fatima.malik@ag.nj.gov)

[kristin.lawton@ag.nj.gov](mailto:kristin.lawton@ag.nj.gov)