

**Colyar Consulting Group
Verification Report (FNS-742)
Screen Mockup**

Applications > Verification Summary > Verification Report >

VIEW | **MODIFY** | INTERNAL USE ONLY

**SFA Verification Collection Report
For School Year: 2013 - 2014**

0201000 Status: Active

Big Horn CSD #1

PO Box 688
176 South 3rd Street
Cowley, WY 82420-0688

General Information

Type of Organization: RCCI

Verification Contact Information

1. Name:	Salutation ▼	First Name	Last Name
2. Email Address:			
3. Phone:		Ext:	Fax:
4. Title:			

Enter appropriate
information

Due Date: June 30, 2014

Instructions

ANNUALLY, each SFA with schools operating in the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP) must report verification information. All SFAs, including SFAs with all schools exempt from verification requirements, must complete applicable sections.

Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students

All SFAs must report Section 1

Enter total schools and students in
your NSLP in 1-1 all other boxes are 0s

1-1 Total schools (Do not include RCCIs):

1-2 Total RCCIs (Do not include schools counted in 1-1):

1-2a RCCIs with day students (Report ONLY day students in 1-2aB):

1-2b RCCIs with NO day students:

A. Number of Schools OR Institutions	B. Number of Students
37	40
0	0
0	0
0	0

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Section 2 - SFAs with schools operating alternate provisions

ONLY SFAs with alternate provisions must report Section 2

	A. Number of Schools AND Institutions	B. Number of Students
2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:	0	0
2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:	0	0
2-2a Provision 2/3 students reported as FREE in a NON BASE year:		<input type="text"/>
2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:		<input type="text"/>
2-3 Operating the Community Eligibility Option:	0	0
2-4 Operating other alternatives for NSLP and SBP:	0	0
2-5 Operating an alternate provision(s) for only SBP or only NSLP:	0	0

Section 3 - Students approved as FREE eligible NOT subject to verification

ALL SFAs must report Section 3 or check box 3-1 if applicable

3-1 Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification **with SNAP** (i.e. NON BASE year Provision 2/3 for all schools) ☐ Do not check box

3-2 **Students directly certified through Supplemental Nutrition Assistance Program (SNAP):** Do not include students certified with SNAP through the letter method. B. Number of FREE Students

3-3 **Students directly certified through other programs:** Include those directly certified through Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials. **DO NOT include SNAP students already reported in 3-2.** 12

3-4 **Students certified categorically FREE eligible through SNAP letter method:** Include students certified for free meals through the family providing a letter from the SNAP agency. Enter a zero

Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application

ALL SFAs collecting applications must report Section 4

	A. Number of Applications	B. Number of Students
4-1 Approved as categorically FREE Eligible: Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application)	0	3
4-2 Approved as FREE eligible: Based on household size and income information	0	8
4-3 Approved as REDUCED PRICE eligible: Based on household size and income information	0	8
T-1 Total FREE Eligible Students Reported	Total Free Students (self populated)	41
T-2 Total REDUCED PRICE Eligible Students Reported	Total Reduced Students (self populated)	15

Section 4

4-1 Enter the number of applications (A) and students (B) of categorical free based on documentation with a SNAP, TANF, FDPIR case number on an application.

- **DO NOT INCLUDE DIRECTLY CERTIFIED SNAP STUDENTS ALREADY REPORTED IN 3-2.**
- If a parent submits an application with a SNAP number and that student is listed on the Direct Certification site you should enter that student under 3-2 and not 4-1 as they are directly certified.

4-2 Enter the number of applications (A) and students (B) that are free eligible based on household size and income information.

4-3 Enter the number of applications (A) and students (B) that are reduced eligible based on household size and income information.

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Section 5

ALL SFAs must report Section 5 or check box 5-1 if applicable

5-1 Check the box if ALL schools and/or RCCIs are exempt from verification. If 5-1 is checked, no further reporting in Section 5 is required.

Do not check box

☐

5-2 Was verification performed and completed?

- ☐ Yes, completed by November 15th
- ☐ Yes, completed after November 15th
- ☐ No, verification was NOT performed or the process was not completed

5-2 Check the appropriate box

5-3 Type of Verification process used:

- ☐ Standard (Lesser of 3% or 3,000 error-prone) Choose if you are error-prone
- ☐ Alternate one (Lesser of 3% or 3,000 selected randomly) Mark if you choose random verification
- ☐ Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent or 500 applications with SNAP/TANF/FDPIR case numbers) Mark if choosing focused verification

5-4 Total ERROR PRONE applications: Report all applications as of October 1st considered error prone

0

5-5 Number of applications selected for verification sample:

Self populated

0

ALL SFAs must report 5-7 or check box 5-6 if applicable

5-6 Check the box if direct verification was not conducted in the SFA, (i.e. not one of the schools and/or RCCIs in the SFA performed direct verification). If 5-6 is checked, skip 5-7.

☐

Check this box

5-7 Confirmed through direct verification: Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th

A. Number of Applications

B. Number of Students

0

0

Must be zeros

5-8 Results of Verification by Original Benefit Type

For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4). Do NOT include students and applications already reported in 5-7A or 5-7B.

Result Category A. FREE-Categorically Eligible
 Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application

B. FREE-Income
 Certified as FREE based on income/household size application

C. REDUCED PRICE-Income
 Certified as REDUCED PRICE based on income/household size application

	a. Applications		b. Students		a. Applications		b. Students		a. Applications		b. Students	
1. Responded, NO CHANGE:		0		0		0		0		0		0
2. Responded, Changed to REDUCED PRICE:		0		0		0		0		0		0
3. Responded, Changed to PAID:		0		0		0		0		0		0
4. NOT Responded, Changed to PAID:		0		0		0		0		0		0

VC-1 Total questionable applications verified for cause (Enter "N/A" if not applicable): Report the number of applications as of November 15th verified for cause in addition to the verification requirement.

0


→ 5-8 Results of Verification by Original Benefit Type -Enter the results of the number of applications that were chosen for the verification sample in the proper boxes.

→ VC-1 Total questionable applications verified for cause are reported here.

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Internal Use Only

Date Received:



Status: Error 

Date Approved:

Internal Comments:

Comments to SFA:

Standard Verification Required Current Year: No

Standard Verification Required Next Year: No

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