

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.

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|--------------|---|---------------|
| SFA ID#: 024 | Type of SFA: <input type="checkbox"/> Public <input type="checkbox"/> Nonprofit/Private | School Year: |
| SFA Name: | SFA City: | SFA Zip code: |

| Section 1 Total Schools, Residential Child Care Institutions (RCCIs) and Enrolled Students | **All SFAs must report Section 1** | | A. Number of Schools OR Institutions | B. Number of Students |
|---|--|--|--|--------------------------|
| | 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: | | ----- | ----- |

| 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: | | | |
| | 2-2: Operating Provision 2/3 in a NON BASE year for NSLP and SBP: | | | |
| | 2-2a: Provision 2/3 students reported as FREE in a NON BASE year: | | | |
| | 2-2b: Provision 2/3 students reported as REDUCED PRICE in a NON BASE year: | | | |
| | 2-3: Operating the Community Eligibility Provision: | | | |
| | 2-4: Operating other alternatives for NSLP and SBP: | | | |
| 2-5: Operating an alternate provision(s) for only SBP or only NSLP: | | | | |

| Section 3 Students approved as FREE eligible NOT subject to verification | **ALL SFAs must report Section 3 or check box 3-1 if applicable** | | B. Number of FREE Students |
|---|--|--|----------------------------------|
| | 3-1: <input type="checkbox"/> | 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) | |
| | 3-2: Students directly certified through Supplemental Nutrition Assistance Program (SNAP): Do not include students certified with SNAP through the letter method. | | |
| | 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. | | |
| 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. | | | |

| 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) | | | |
| | 4-2: Approved as FREE eligible: Based on household size and income information | | | |
| | 4-3: Approved as REDUCED PRICE eligible: Based on household size and income information | | | |

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| T-1: Total FREE Eligible Students Reported: | | T-2: Total REDUCED PRICE Eligible Students Reported: | |
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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.

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| 5-2: Was verification performed and completed? <input type="checkbox"/> Yes, completed by November 15th <input type="checkbox"/> Yes, completed after November 15th <input type="checkbox"/> No, verification was NOT performed or the process was not completed. | 5-3: Type of Verification process used: 1. <input type="checkbox"/> Standard (Lesser of 3% or 3,000 error-prone) 2. <input type="checkbox"/> Alternate one (Lesser of 3% or 3,000 selected randomly) 3. <input type="checkbox"/> 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) |
|--|---|

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|---|---|--|---|--|
| If 1 or 3 is checked in 5-3, report 5-4. If 2 is checked in 5-3, enter "N/A" in 5-4. | 5-4: Total ERROR PRONE applications: Report all applications as of October 1st considered error prone | | 5-5: Number of applications selected for verification sample: | |
|---|---|--|---|--|

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|---|----------------------------------|------------------------------|
| **ALL SFAs must report 5-7 or check box 5-6 if applicable** 5-6: <input type="checkbox"/> 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. | A. Number of Applications | B. Number of Students |
|---|----------------------------------|------------------------------|

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

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.

| 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 | | |
|--|-----------------|-------------|--|-----------------|-------------|--|-----------------|-------------|
| Result Category | a. Applications | b. Students | Result Category | a. Applications | b. Students | Result Category | a. Applications | b. Students |
| 1. Responded, NO CHANGE: | | | 1. Responded, NO CHANGE: | | | 1. Responded, NO CHANGE: | | |
| 2. Responded, Changed to REDUCED PRICE: | | | 2. Responded, Changed to REDUCED PRICE: | | | 2. Responded, Changed to FREE: | | |
| 3. Responded, Changed to PAID: | | | 3. Responded, Changed to PAID: | | | 3. Responded, Changed to PAID: | | |
| 4. NOT Responded, Changed to PAID: | | | 4. NOT Responded, Changed to PAID: | | | 4. NOT Responded, Changed to PAID: | | |

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| 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. | |
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