

Authority: Child Nutrition Act of 1966.  
Completion: Voluntary.

Michigan Department of Education  
Grants Coordination and School Support  
School Nutrition Training and Programs  
P.O. Box 30008  
Lansing, MI 48909  
517-373-3347



## 2009-10 NATIONAL SCHOOL LUNCH/COMMODITY DISTRIBUTION SPECIAL MILK, AFTERSCHOOL SNACK, AND BREAKFAST PROGRAMS

### POLICY STATEMENT

<u>Child Nutrition Program</u>	<u>Agency/Subagency</u>	<u>CFDA #</u>	<u>Program Title</u>
School Lunch	USDA/Food and Nutrition Service	10.555	National School Lunch Program
- Including Commodity Food Distribution	USDA/Food and Nutrition Service	10.555	Food Donation
Afterschool Snack	USDA/Food and Nutrition Service	10.555	National School Lunch Program
School Breakfast	USDA/Food and Nutrition Service	10.553	School Breakfast Program
Special Milk	USDA/Food and Nutrition Service	10.556	Special Milk Program for Children
Summer Food Service Program	USDA/Food and Nutrition Service	10.559	Summer Food Service Program for Children
Child and Adult Care Food Program	USDA/Food and Nutrition Service	10.558	Child and Adult Care Food Program

The Local Educational Agency (LEA) assures the Michigan Department of Education (MDE) that the school system will uniformly implement the following policy to determine children's eligibility for free or reduced price school meals in all National School Lunch, School Breakfast, Afterschool Snack, and/or Special Milk Programs in schools under its jurisdiction.

The following forms are adopted with and considered part of this policy:

#### **Letter to Parents**

- Free Milk Application
- Free and Reduced Price School Meals Family Application

#### **Application Form**

- Free Milk Application
- Free and Reduced Price School Meals Family Application

#### **Sharing Information with Other Programs**

#### **Approval-Disapproval Form**

#### **Public Release**

- Sample Public Release for Free and Reduced Price Meals

#### A. The State Agency agrees to:

Submit the informational public release containing the same information outlined in the *Letter to Parents*, to local unemployment offices, major employers contemplating large layoffs, and minority and grass root organizations.

#### B. The LEA (including Residential Child Care Institutions (RCCIs) with day treatment programs) agrees to:

1. Submit to MDE any alterations to the *Letter to Parents*, *Family Application for Free and Reduced Price School Meals*, *Family Application for Free Milk*, etc., prior to implementation. Such changes will be effective only upon approval. All changes in eligibility criteria must be publicly announced in the same manner used at the beginning of the school year.

2. Develop and send to each child's parent or guardian a letter, as outlined herein, including an application form for free or reduced price school meals or free milk at the beginning of each school year and whenever there is a change in eligibility criteria. Only the reduced priced guidelines may be included in the School Meals Program *Letter to Parents*. The free scale is used for Special Milk Program *Letter to Parents* only.

Parents will be requested to complete the application and return it to the Eligibility Determination Official for review. Such applications and documentation of action taken will be maintained for three years after the end of the fiscal year to which they pertain.

3. Designate an Eligibility Determination Official to review applications and make the determination of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free and reduced price meals and/or free milk.

In certain cases, foster children are also eligible for these benefits. If a household has foster children living with them and wishes to apply for free and reduced price school meals and/or free milk for those children, the household must provide the information asked for on the application.

Applications may be filed at any time during the year. Any parent enrolling a child in a school for the first time, at any time during the year, shall be supplied with such documents. If a child transfers from one school to another under the jurisdiction of the same school food authority, his/her eligibility for free meals, or reduced price meals will be transferred to and honored by the receiving school.

All children from a family will receive the benefits they qualify for. Within ten working days of the receipt of the applications, the eligibility determination must be made. Parents or guardians will be notified individually of the acceptance or denial of their applications. Children will be served free and reduced price school meals and/or free milk immediately upon the establishment of their eligibility.

When an application is rejected, parents or guardians will be informed in writing of the reason for denial and of the fair hearing procedure.

4. Establish and use a fair hearing procedure for parents' appeals of the school's decisions on applications and for school officials' challenges to the correctness of information contained in an application or to the continued eligibility of any child for free and reduced price meals and/or free milk. During the appeal and hearing, the child will continue to receive free and reduced price meals and/or free milk. A record of all such appeals and challenges and their dispositions shall be retained for three years.

Prior to initiating the hearing procedure, the parent or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing. The hearing procedure shall provide the following:

- a. A publicly-announced, simple method for making an oral or written request for the hearing.
- b. An opportunity to be assisted or represented by an attorney or other person.
- c. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
- d. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing.

- e. An opportunity to present oral or documentary evidence and arguments supporting its position.
  - f. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
  - g. That the hearing be conducted and the decision made by a hearing officer who did not participate in the decision under appeal.
  - h. That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and made part of the hearing record.
  - i. That the parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official.
  - j. That for each hearing, a written record be prepared, including the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing official's decision.
5. Verify applications for meal benefits in accordance with program regulations and maintain records of such verification. Prepare a summary of verification results according to regulatory requirements.
  6. Serve free meals or free milk to children from families whose income is at or below the guidelines listed in Scale A (*Guidelines for Use in Schools*).
  7. Serve reduced price meals to children from families whose income is at or below the guidelines list in Scale B (*Guidelines for Use in Schools*).  
  
Reduced price meals must be provided with a maximum charge is \$0.40 for lunch, \$0.30 for breakfast and \$0.15 for afterschool snack.
  8. Provide these benefits to children of families who are experiencing strikes, layoffs and unemployment, which cause the family income to fall below the guidelines in *Guidelines for Use in Schools*.
  9. Establish a procedure to collect from children who pay for meals or milk and to account for the number of free, reduced price, and full price meals served and the number of half-pints of full-price and free milk served. This procedure will be used so that no other child in the school will consciously be made aware of such procedure or the identity of the children receiving free and reduced price meals and/or free milk.
  10. The names of the children eligible to receive free meals or milk or reduced price meals shall not be published, posted, or announced in any manner. LEAs may disclose, without parent/guardian consent, participants' names and eligibility status (whether they are eligible for free meals or free milk or reduced price meals) to persons directly connected with the administration or enforcement of federal education or state education programs such as Title I, MEAP, and No Child Left Behind. In order to release the names for any other purpose such as research, grant applications, etc., the parent or guardian must sign a *Sharing Information with Other Programs* statement. Such *Sharing Information with Other Programs* must be maintained on file in the food service office. Parents must be informed that failure to grant the *Sharing Information with Other Programs* does not change their child's eligibility to receive free or reduced price meals or free milk.

11. No physical segregation of, nor any other discrimination against any child because of inability to pay the full price of the meal or milk. There shall be no overt identification of any such children by use of special tokens or tickets or any other means. Further assurance is given that children eligible for free meals or reduced price meals shall *not* be required to:
  - a. Use a separate lunchroom.
  - b. Go through a separate serving line.
  - c. Enter the lunchroom through a separate entrance.
  - d. Eat meals or drink milk at a different time.
  - e. Eat a meal or drink milk different from that sold to children paying the full price.
  - f. Work for their meals or milk.
12. In the operation of child feeding programs, no child shall be discriminated against because of race, sex, color, national origin, age, or disability.
13. The RCCIs *without* day treatment programs: (1) only 11 are applicable and (2) the child's income does not include money paid by the parent, state, or other agency for the cost of care of the institutionalized child. Only savings accounts, social security payments, trusts, in-pocket money, wages, etc. count as income to the child.

## ALTERNATE-FOCUSED SAMPLING

In alternate-focused sampling, a minimum required percentage or number of applications based on income eligibility must be selected for verification AND a minimum required percentage or number of applications approved based on categorical eligibility must be selected for verification.

Remember, families approved through direct certification are not included in the selection process.

The SFA **must** verify a minimum of:

- (1) The lesser of **1% or 1,000** of the **total** number of approved applications (both income and categorical). The 1% sample is selected from income applications with total household income within \$100 monthly or \$1,200 annually of the income eligibility guidelines (IEGs) for free and reduced price meals for that size household;

### PLUS

- (2) The lesser of **one-half of 1% (0.5%) or 500** of the total number of applications that were approved based on categorical eligibility, selected from applications with a FAP or FIP case number.

EXAMPLE:     300 income applications  
                  200 categorical applications  
                  500 total applications in the application pool

- |     |                              |        |            |
|-----|------------------------------|--------|------------|
| (a) | 500 total applications       | x .01  | = 5        |
| (b) | 200 categorical applications | x .005 | = <u>1</u> |
|     | TOTAL SAMPLE                 |        | = 6        |

- (3) A sample of 5 applications must be selected from income applications with total household income within \$100 monthly or \$1,200 annually of the income eligibility guidelines (IEGs) for free and reduced price meals for that size household;

### PLUS

- (4) 1 from the 200 categorical applications that provided a FAP/FIP case number in lieu of income on the application.

## ALTERNATE-RANDOM SAMPLING

The required sample size is 3% or 3,000, whichever is less, of all approved household applications on file on October 1. An alternate-random sample should include all (Food Assistance Program (FAP) or Family Independence Program (FIP) case number, foster child, and income-based) applications. No attempt should be made to select only FAP/FIP applications.

Remember, families approved through direct certification are not included in the application pool.

Calculation and selection of the minimum required number of applications in the LEA to verify using Random Sampling:

**Step 1.** Count the total number of approved applications on file on October 1. Multiply the total by 0.03. Round decimals upward. At least one application **must** be verified.

Example: 340 applications  $\times$  0.03 = 10.2 applications. Round upward to 11 applications.

**Step 2.** Compare the result in Step 1 to 3,000. The sample size is the lesser number.

Example: In this example, 11 applications **must** be verified to meet the required sample size.

**Step 3.** Randomly select the required number of applications.

- (1) A selection interval may be used. This can be accomplished by dividing the total number of approved applications on file in the SFA by the sample size to determine the selection interval.

Example: If there are 340 applications on file and 11 are required to be verified, divide 340 by 11 = 30.9. In this case, the selection interval is 31. Number all the applications. Randomly select an application from the total approved, and then choose every 31<sup>st</sup> application until 11 applications have been selected.

- (2) Another random method of selection would be to put all the applications in a container and draw the eleven applications out for the verification sample.

## BASIC SAMPLING (STANDARD SAMPLE)

The required sample size is 3% or 3,000, whichever is less of all approved applications on file on October 1. However, the Basic Sampling method concentrates on **“error-prone applications.” (Income-based applications reporting monthly household income within \$100 or annual income within \$1,200 of the free or reduced priced eligibility limit.**

Remember, families approved through direct certification are not included in the application pool.

Calculation and selection of the minimum required number of applications in the LEA to verify using Basic Sample:

**Step 1.** Count the total number of approved applications (FAP/FIP case number, foster child, income-based) on file on October 1. Multiply the total by 3% (.03). Round decimals upward. At least one (1) application must be verified.

Example: If there was a total of 1300 approved applications on file as of October 1, 2007, the verification sample size would be  $1300 \times 0.03 = 39$  applications.

**Step 2.** Separate out all applications “error-prone applications,” reporting monthly household income within \$100 or annual income within \$1,200 of the free or reduced priced eligibility limit. This is the pool from which you randomly select applications for verification.

**Step 3.** Randomly select the required number of applications.

A selection interval may be used. This can be accomplished by dividing the total number of approved applications reporting monthly household income within \$100 or annual income within \$1,200 of the free or reduced priced eligibility limit by the sample size to determine selection interval.

Example: If there are 445 applications on file reporting monthly household income within \$100 or annual income within \$1,200 of the free or reduced priced eligibility limit and 39 are required to be verified, divide  $445 \div 39 = 12$ . Number all the applications. Randomly select an application from the total approved applications reporting monthly household income within \$100 or annual income within \$1,200 of the free or reduced priced eligibility limit. Then choose every 12<sup>th</sup> application until 39 applications have been selected.

Another random method of selection would be to put all applications into a container and draw the 39 applications out for the verification sample.

**Step 4.** If there are not enough error-prone applications to meet the sample size requirements, additional applications must be selected at random from other income-based approved applications.

## IMPROVEMENT PLAN FOR CERTIFICATION AND VERIFICATION SCHOOL YEAR 2010-2011

1. Write "Yes" or "No" in column to indicate if the action is in place.
2. Record the implementation date.
3. Record name of employee responsible for action.

	Action in Place (Yes/No)	Date of Implementation	Employee Responsible
<b>REQUIRED ACTIONS</b>			
Toll-free or Local Telephone Number			
Confirmation Reviewer			
Employee Responsible for Responding to Verification Assistance Requests			
Formal Follow-up and System of Documentation			
Participation in Direct Certification			
<b>OPTIONAL ACTIVITIES</b>			
Third Party Assistance with Verification Follow-up			
Exemption of Up to 5% from Verification Sample			
<b>ADDITIONAL ACTIONS</b>			

School: \_\_\_\_\_ Agreement No.: \_\_\_\_\_

Verification Official's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Due Date: November 16, 2010**

**FAX or MAIL this IMPROVEMENT PLAN TO:**

School Nutrition Training and Programs  
Grants Coordination and School Support  
Michigan Department of Education  
P.O. Box 30008  
Lansing, MI 48909

FAX No. 517-373-4022    OR

*MDE Office Use Only - Received:*

# Letter to the Department of Human Services From the Local Educational Agency

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

The regulations for the Supplemental Nutrition Assistance Program and National School Lunch Program permit the Department of Human Services to release Food Assistance Program (FAP) and Family Independence Program (FIP) eligibility information to administrators of the National School Lunch and Breakfast Programs to ensure that only eligible children receive free meal benefits.

The receipt of FAP and/or FIP automatically qualifies children for free school meals. Enclosed is a listing of the names and FAP and/or FIP case numbers for those approved free meal applicants who have been selected for verification. They have been approved to receive free meal benefits because they have indicated that the child for whom application was made now receives FAP and/or FIP benefits. On the enclosed listing, please indicate if these household members are currently participating in the FAP and/or FIP program. This information will be used only to confirm the approved applicant's eligibility for free meals benefits.

Your prompt return of this listing will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact \_\_\_\_\_ (*enter name of school official*) at \_\_\_\_\_ (*enter telephone number*).

Sincerely,

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*Signature*

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*Title*

Enclosure



## Requirements for an Improvement Plan for Certification and Verification

An Improvement Plan for Certification and Verification is required if your school district reported during School Year 2008-2009:

- (1) Less than 80% of the applications selected for verification did not respond to your request for additional income information.
- and
- (2) Over 20% of the free and reduced price applications in your reported verification sample were changed to paid.

The plan must contain actions all required by The Child Nutrition and WIC Reauthorization Act of 2004 (P.L. 108-265) and should include one or both of the optional actions set forth by the law.

**Required** actions to help maintain benefits for eligible students:

- Establish a toll-free or local telephone number for which there is no charge for parents to call for assistance with verification. Parents and/or guardians often need assistance in gathering data to qualify for benefits.
- All approved household applications selected for verification must be reviewed for accuracy to ensure that initial eligibility determinations are correct. The review must be done by an individual other than the individual making the initial determination. The requirement for a confirmation review is waived if the LEA is using a technology based solution that demonstrates a high level of accuracy in processing initial determinations.
- If the confirmation review finds that the initial determination was incorrect, the LEA must: (1) correct the household eligibility status and (2) notify the household of the change. If the review indicates the household is not eligible for either free or reduced meals, the household must be notified of the reason and informed that the household may reapply with income documentation.
- Verification follow-up activities are required by LEAs and must be documented. A specific person within the LEA must be identified to families/households as being able to directly assist in completing verification.
- The LEA must follow-up if a household cannot obtain assistance during the initial call. If the household fails to respond to the initial request for verification information, the LEA must make at least one attempt to obtain necessary verification. The attempt may be through the mail, by telephone, by e-mail, or through personal contact. All attempts and results must be documented by the LEA. If follow-up attempt(s) fail, the household benefits must be terminated through a written notice of adverse action.
- Direct Certification is required. Each local educational agency (LEA) must directly certify children who are members of households receiving assistance under the Food Assistance Program as eligible for free school meals, without further application. The Direct Certification Report is available via the Center of Educational Performance and Information (CEPI) Michigan Student Data System (MSDS).

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- LEAs verifying income eligibility for free and reduced price meals must allow households to provide documentation of income for any point in time between the month prior to application and the time the household is required to provide income documentation. Implementation memoranda are found at: [www.fns.usda.gov/cnd/lunch](http://www.fns.usda.gov/cnd/lunch). Click on Reauthorization Memoranda for 2004; click on "Verification of Income Eligibility–SP-5" and "Verification Activities – March 10, 2005."

Optional activities for LEAs that may lower the non-response rate and prevent eligible students from losing benefits:

- The LEA, on individual review may remove up to 5% of applications in the selected sample if factors such as household stability and communication difficulties may interfere with verification. Any application removed from the sample must be replaced with another application approved on the same basis.
- The LEA may contract with a third party to assist with the required follow-up activity. Any third party is subject to confidentiality requirements outlined in current regulations.

If your name is on the Schools Required to Submit an Improvement Plan for Certification and Verification list, you must submit the attachment Improvement Plan for Certification and Verification to MDE by November 16, 2009.

## VERIFICATION CHECK LIST

**School Year:** \_\_\_\_\_

	Yes	No
Was verification done after approval of applications?		
Was the selection method used nondiscriminatory against the six protected classes (national origin, race, color, age, gender, disability)?		
Were households submitting applications notified in writing of their selection for verification? <b>Attach a copy to this list.</b>		
Was a Confirmation Review conducted for those applications selected for verification?		
Did the selection notice state:		
• That the household has been selected for verification?		
• The types of acceptable income information?		
• That proof of current Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) eligibility may be provided in lieu of other documentation?		
• That information must be provided and failure to do so will result in termination of benefits?		
• The deadline date for information?		
• The name and telephone number of the school official who can answer questions and provide help?		
Were FAP, FIP or FDPIR households given the opportunity to document participation in the FAP, FIP or FDPIR in lieu of providing other forms of documentation?		
Was income documentation provided for <b>any point in time between the month prior to application and the time the household is required to provide income documentation</b> (exceptions: farmers, seasonal workers, self-employed or other extraordinary circumstances)?		
Was at least one attempt made to follow-up with households that did not respond to the notice of selection for verification?		
Were households notified 10 days in advance of reduction or termination of benefits? <b>A copy of the notification form should be attached.</b>		
Did this notification advise households of:		
• The change and the reason for the change in benefits?		
• The right to appeal and instructions on how and to whom to appeal?		
• The right to reapply anytime during the school year?		
• If a FAP, FIP or FDPIR household, their option to provide written evidence to confirm household income to assist in establishing continued eligibility?		
Were benefits terminated or reduced for all households whose income confirmation did not support the previous eligibility?		
Are the reasons for all eligibility changes made as a result of verification properly documented and maintained on file?		
Is the written Verification Summary Report completed and maintained on file for review?		



# VERIFICATION SUMMARY INFORMATION SHEET

(Completed Sample)



Agreement Number: 270456 School Year: SY 2009-10  
 School Food Authority Name: ABCDE School District  
 Verification Official's Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

1. Date Verification Completed: 11-15-09
2. Number of "Paper" Applications Approved as of "October 1": 350
3. Type of Free/Reduced Price Applications Used;  Household
4. Number of Schools: 2  
 Number of Enrolled Students with Access to the NSLP/or SBP: 1,200

\*Number of Students as of **Oct. 31, 2009**. \*\*Number of Applications as of **Oct. 1, 2009**.

	A *Number of Students	B **Number of Approved Applications
<b>5. Total FREE ELIGIBLE reported</b>	725	
5 - 1 Number approved through Direct Certification	135	
5 - 2 # approved as FREE ELIGIBLE based on FAP/FIP/FDPIR case number submitted on an application (Categorically Eligible)	115	50
5 - 3 # approved as FREE ELIGIBLE based on income/household size information submitted on an application	475	200
<b>6. Total REDUCED PRICE ELIGIBLE reported</b>	255	100

**7. TYPE OF VERIFICATION METHOD USED**

*(Check Boxes Only for the Method(s) Used and Enter Requested Data Only For the Method(s) Used.)*

- 7 - 1  BASIC-STANDARD

Number of error prone income applications verified: \_\_\_\_\_ (Lesser of 3% or 3,000)  
*(Must be selected from income applications with total household income within \$100 monthly or \$1,200 annually of the IEG for free and reduced price meals for that size household.)*

- 7 - 2  ALTERNATE-RANDOM

Number of FAP/FIP/income applications verified: 11 (Lesser of 3% or 3,000)

- 7 - 3  ALTERNATE-FOCUSED

Number of error prone income applications verified: \_\_\_\_\_ (Lesser of 1% or 1,000)  
*(Must be selected from income applications with total household income within \$100 monthly or \$1,200 annually of the IEG for free and reduced price meals for that size household.)*

Number of FAP/FIP applications Verified: \_\_\_\_\_ (Lesser of 0.5% or 500)

- 7 - 4  NO VERIFICATION PERFORMED

- LEA has only free eligibles that are not subject to verification (directly certified, homeless liaison list, students in Residential Child Care Institutions.
- LEA had free/reduced price students eligible by application, but failed to perform verification.

**8. METHOD OF INCOME CONFIRMATION USED**

*(Check the box next to each method used).*

- 8 - 1  WRITTEN EVIDENCE

(Received directly from the household, including Food Assistance Program/FIP documentation)

- 8 - 2  AGENCY RECORDS  
(Received from Department of Human Services office or other Government agency)
- 8 - 3  COLLATERAL CONTACT  
(Received verbally from sources other than the household or government agencies)

9. DOCUMENTATION

Local Education Agencies must maintain records that document the reasons for any changes in household benefits as a result of verification.

*Indicate where such records are maintained; (Check all that apply)*

- a. Attached to summary

		A	B	C
		FREE Eligible Based on FS/FIP/FDPIR Application (Categorically Eligible)	FREE Eligible Based on Income/HH Size Application (Income Eligible)	REDUCED Price Eligible
No Change	# Applications	3	2	1
	# Students	12	6	4
Responded Changed to Free	# Applications			2
	# Students			5
Responded Changed to Reduced Price	# Applications			
	# Students			
Responded Changed to Paid	# Applications	1		
	# Students	2		
Did Not Respond	# Applications	1	1	
	# Students	1	5	
Reapplied and Re-approved on or Before Feb. 15	# Applications			
	# Students			
<b>TOTAL # APPLICATIONS</b>				

- b. Recorded on/attached to individual applications

- c. Other (Describe) \_\_\_\_\_

10. RESULTS OF VERIFICATION BY APPLICATION TYPE

**CERTIFICATION:**

*This is to certify that income verification in regard to free and reduced price school meal applications has been completed as indicated above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# VERIFICATION SUMMARY INFORMATION SHEET

Complete after the November 15<sup>th</sup> deadline.

**DO NOT MAIL – Maintain with Verification Records.**



Agreement Number: \_\_\_\_\_ School Year: \_\_\_\_\_

School Food Authority Name: \_\_\_\_\_

Verification Official's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

1. Date Verification Completed: \_\_\_\_\_
2. Number of "Paper" Applications Approved as of "October 1": \_\_\_\_\_
3. Type of Free/Reduced Price Applications Used;     Household
4. Number of Schools: \_\_\_\_\_  
 Number of Enrolled Students with Access to the NSLP/or SBP: \_\_\_\_\_

\*Number of Students as of **Oct. 31, 2009**.    \*\*Number of Applications as of **Oct. 1, 2009**.

	A *Number of Students	B **Number of Approved Applications
<b>5. Total FREE ELIGIBLE reported</b>		
5 - 1 Number approved through Direct Certification		
5 - 2 # approved as FREE ELIGIBLE based on F/FIP/FDPIR case number submitted on an application (Categorically Eligible)		
5 - 3 # approved as FREE ELIGIBLE based on income/household size information submitted on an application		
<b>6. Total REDUCED PRICE ELIGIBLE reported</b>		

**7. TYPE OF VERIFICATION METHOD USED**

*(Check Boxes Only for the Method(s) Used and Enter Requested Data Only For the Method(s) Used.)*

- 7 - 1  BASIC-STANDARD

Number of error prone income applications verified: \_\_\_\_\_ (Lesser of 3% or 3,000)  
*(Must be selected from income applications with total household income within \$100 monthly or \$1,200 annually of the IEG for free and reduced price meals for that size household.)*

- 7 - 2  ALTERNATE-RANDOM

Number of FAP/FIP/income applications verified: \_\_\_\_\_ (Lesser of 3% or 3,000)

- 7 - 3  ALTERNATE-FOCUSED

Number of error prone income applications verified: \_\_\_\_\_ (Lesser of 1% or 1,000)  
*(Must be selected from income applications with total household income within \$100 monthly or \$1,200 annually of the IEG for free and reduced price meals for that size household.)*

Number of FAP/FIP applications Verified: \_\_\_\_\_ (Lesser of 0.5% or 500)

- 7 - 4  NO VERIFICATION PERFORMED

- LEA has only free eligibles that are not subject to verification (directly certified, homeless liaison list, students in Residential Child Care Institutions).
- LEA had free/reduced price students eligible by application, but failed to perform verification.

**8. METHOD OF INCOME CONFIRMATION USED**

*(Check the box next to each method used).*

- 8 - 1  WRITTEN EVIDENCE

*(Received directly from the household, including FAP/FIP documentation)*

- 8 - 2  AGENCY RECORDS



## VERIFICATION WORKSHEET

(Completed Sample)

Application ID	# of Students Approved on Application	A. ORIGINAL APPROVAL <i>(Select only one for each application)</i>			B. RESULTS OF VERIFICATION <i>(Select only one for each application)</i>					C. REINSTATED ON OR BEFORE FEB. 15
		Free Based on FAP/FIP/FDPIR Case #	Free Based on Income/HH Size	Reduced Price	NO Change	Responded Changed to FREE	Responded Changed to Reduced Price	Responded Changed to PAID	Did NOT Respond	
AA	2			2		2				
BB	1	1							1	
CC	5	5			5					
DD	4			4	4					
EE	6		6		6					
FF	2	2						2		
GG	5		5						5	5
HH	3			3		3				
II	5	5			5					
JJ	6		6		6					
KK	2	2			2					
<b>TOTALS</b>	41	<b>15</b>	<b>23</b>	<b>3</b>	<b>28</b>	<b>5</b>		<b>2</b>	<b>6</b>	<b>5</b>

The ABCDE School District needed to verify 11 applications based on Random Sampling. The 11 "Family/Household" applications were for a total of 41 students. The totals of each "application type" (under A. Original Approval) add up to 41. The totals under B. Results of Verification add up to 41.

The "no response rate" can be easily calculated by dividing the number of applications for "Did Not Respond" by the total number of applications verified.  $(2/11) \times 100 = 18.18\%$

The worksheet puts all the information in one place to make it easier to calculate totals and percentages required for reporting to USDA.



# WE HAVE CHECKED YOUR APPLICATION

School: \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We checked the information you sent us to prove that **[names of child(ren)]** are eligible for free or reduced price meals and have decided that:

- Your child(ren)'s eligibility has not changed.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- Starting **[date]**, **your child(ren) are no longer eligible** for free or reduced price meals for the following reason(s):

\_\_\_ Records show that you did not receive Food Assistance Program, Family Independence Program, or Food Distribution Program on Indian Reservation benefits.

\_\_\_ Records show that the child(ren) is not homeless, runaway, or migrant.

\_\_\_ Income is over the limit for free or reduced price meals.

\_\_\_ Did not provide: \_\_\_\_\_

\_\_\_ Did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name], [address], [phone number]**.

Sincerely,

**[signature]**

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer."

## WE MUST CHECK YOUR APPLICATION

**You must send the information we need, or contact [name] by [date], or your children will stop getting free or reduced price meals.**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that [names of children] are eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. If you were participating in the Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:
  - FAP, FIP, or FDPIR Certification Notice that shows dates of certification.
  - Letter from Department of Human Services Office that says you have gotten FAP or FIP.
  - **Do NOT send your EBT card.**
2. If you get this letter for a homeless, migrant or runaway child, please contact [*school, homeless liaison, or migrant coordinator*] for help.
3. **If the child is a Foster Child:** Send us official documentation from the agency sponsoring the child.
4. **If you do not get FAP, FIP, or FDPIR for your children:**

A. Write Name and the last 4 digits of the Social Security Number of each adult household member below.

Name	Social Security Number <small>(See Privacy Act Statement - Page 2)</small>	No Social Security Number
_____	_ _ _ _	<input type="checkbox"/>
_____	_ _ _ _	<input type="checkbox"/>
_____	_ _ _ _	<input type="checkbox"/>
_____	_ _ _ _	<input type="checkbox"/>
_____	_ _ _ _	<input type="checkbox"/>
_____	_ _ _ _	<input type="checkbox"/>
_____	_ _ _ _	<input type="checkbox"/>
_____	_ _ _ _	<input type="checkbox"/>

B. Send this page along with papers that show the amount of money your household gets from each source of income.

The papers you send must show the **name** of the person who received the income, the date it was received, **how much** was received, and **how often** it was received.

Send information to: [address]

**ACCEPTABLE PAPERS INCLUDE:**

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

**Welfare Payments:** Benefit letter from welfare agency.

**Child Support or Alimony:** Court decree, agreement, or copies of checks received.

**Other Income (such as rental income):** Information that shows the amount of income received, how often it is received, and the date received.

**No Income:** A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

**Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation]**.

Sincerely,

**[signature]**

---

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of all adult household members. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer."

## 12 Steps to Conducting Verification

Step 1- Determine if your Local Educational Agency (LEA) must complete an Improvement Plan

- [Schools Required to Submit an Improvement Plan for Certification and Verification for SY 2009-2010](#)
- If the LEA is on the list required to submit an Improvement Plan use the following documents:
  - [Requirements for an Improvement Plan for Certification and Verification](#)
  - [Improvement Plan for Certification and Verification SY 2009-2010](#)

Step 2- Determine the sampling method your LEA must use to identify applications for verification.

- [Schools Required to use Basic Sampling \(Standard Sample\) for SY 2009-2010](#)
  - [Basic Sampling \(Standard Sample\)](#)
- If the LEA is not on the list for Basic Sampling one of the two alternate methods may be selected.
  - [Alternate-Random Sampling](#)
  - [Alternate-Focused Sampling](#)

Step 3- Establish the Free and Reduced Price School Meals Application pool.

- Only approved current school year applications as of **October 1** must make up the pool.
- Applications that should not be included in the application pool are:
  - Students directly certified; students certified as migrant, homeless, or runaway; students in Headstart or Evenstart programs.

Step 4- Calculate the sample size/number of applications that must be verified.

- Follow the instructions on the sampling method information sheet.
- Be sure to round up.

Step 5- Conduct a Confirmation Review of the applications selected for verification.

- LEAs that use electronic systems are exempt from this requirement.
- Be sure to document on the back of the original application the date of when the Confirmation Review was conducted.

Step 6- Notify the selected households.

- Use the [We Must Check Your Application](#) form.
- Be sure to give the households a due date.

Step 7- Contact the local Department of Human Service (DHS) office to verify applications with a Food Assistance Program (FAP) or Family Independence Program (FIP) case number by using the following two forms:

- [Letter to the Department of Human Services From the Local Educational Agency](#)

Step 8- Conduct a Follow-up Review for any household that has not responded by the original due date.

- Be sure to document on the back of the original application the date of when the Follow-up Review was conducted.

Step 9- Notify all households of the final verification determination.

- Use the [We Have Checked Your Application](#) form.
- Households must be given 10 day advance, written notification that benefits will be decreased.
- The first day of the ten calendar day advance notice is the day the notice is sent.

Step 10- Make any required changes to benefit issuance documentation as required from the outcomes of the Verification process by **November 15**.

- Be sure to wait until the 10 day advance notification period has passed.

Step 11- Complete all required Verification documents.

- [Verification Worksheet](#)
- [Verification Summary Information sheet](#)
- [Verification Check List](#)
  - These forms must remain on file as part of the Verification documentation.

Step 12- Complete the [LEARS-Verification Summary Report](#) **before March 1**

- The report is available January 15 via the MEIS website:
  - Go to <http://michigan.gov/meis>.
  - Under Child Nutrition Programs, click on the bullet point entitled, LEARS Verification Summary Report.
  - Log in using your MEIS Account ID and password.



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

THOMAS D. WATKINS, JR.  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

**FOOD SERVICE**

**ADMINISTRATIVE POLICY #5  
SCHOOL YEAR 2004-2005**

**SUBJECT:** Verification of Eligibility for School Meals

**DATE:** October 29, 2004

Verification confirms eligibility for free and reduced priced meals under the National School Lunch Program (NSLP) and School Breakfast Program (SBP). Annually, each School Food Authority (SFA) must select and verify a sample of applications approved for meal benefits.

On September 11, 2003, the United States Department of Agriculture (USDA) published a final regulation on Verification Reporting and Recordkeeping requirements in the NSLP/SBP. The rule requires SFAs to report their verification activity and results to their State Agency (SA) on an annual basis beginning School Year 2004-2005. The SA (Michigan Department of Education) will analyze the information from each SFA, formulate corrective action and technical assistance activities, and then consolidate and report the verification information to USDA.

A web-based system of reporting is being developed and will be available on the Michigan Department of Education (MDE) website by February 2005. The first required report under this regulation covering verification activities for School Year 2004-2005 is due to the MDE on **March 1, 2005**.

The “**revised**” Verification Summary Report included in this document specifies the data that will be collected as part of the change in verification reporting and recordkeeping. One change is reporting results of verification by Application Type. An important number that must be reported is the number of students and applications that did not respond to the verification letter. This “non-response rate” will influence verification activities in school year 2005-2006.

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These new reporting and recordkeeping requirements **do not change** the existing certification and verification process requirements. The verification sample is based on the number of “paper applications” approved as of the last operating day in October 2004. Explanation of both Random Sampling and Focused Sampling are included in the Eligibility Guidance Manual. If your district is participating in the direct certification procedure, your sample must be only selected from families that submitted a “paper application.” Verification efforts are not required for children who have been certified under direct certification. You will continue to follow the guidance on how verification must be performed that is provided in the Eligibility Guidance for School Meals Manual posted on the USDA website:

[http://www.fns.usda.gov/cnd/Guidance/special\\_issue.pdf](http://www.fns.usda.gov/cnd/Guidance/special_issue.pdf)

A second change in Verification became effective July 1, 2004. School officials verifying income eligibility for free and reduced price meals must allow households to provide documentation of income for any point in time between the month prior to application and the time the household is required to provide income documentation. The implementation memo is found at: [www.fns.usda.gov/cnd/lunch](http://www.fns.usda.gov/cnd/lunch). Click on Reauthorization Memoranda for 2004; click on Verification of Income Eligibility.

This document contains the following materials needed to complete the verification process:

1. A Security Access form to be used for the web-based Verification Report. – **Must be completed and submitted by December 15, 2004.**
2. Items to send to households selected for verification.
  - *Letter to Households-Notification of Selection for Verification of Eligibility*
  - *Documents to Verify Eligibility Form*
  - *Social Security Numbers Form*
3. Prototype letter to notify households of the results of the verification efforts.
  - *Letter to Households – Notification of Change or Termination of Free and Reduced Price Meal Benefits*
4. Materials to document the verification process.
  - *Verification Worksheet (Completed Sample)*
  - *Verification Worksheet. The worksheet can be used to summarize the results of verification activities and compile the school food authority verification summary. The worksheet allows the SFA to enter the results of verifications and to tally the information which will be entered on the web based verification report to MDE.*
  - *Verification Checklist (Note the change for income documentation period)*
  - *Verification Summary Report*

5. Documents to use to contact your local Family Independence Agency (FIA) office. Eligibility due to Direct Certification does not need to be verified.
  - *Letter to the Food Stamp or FIP Office From the School Food Authority*
  - *Food Stamp or FIP Recipients Verification Form* listing families selected for verification. Please be sure the Food Stamp or FIP case number is listed on this form. Electronic Benefit Transfer Cards (EBT) are now used throughout the State of Michigan to replace food stamp coupons. The EBT card number is a 16 digit numerical number, for example: 1234 2345 3456 4567 while the Food Stamp Case Number is an alpha/numerical number beginning with and ending with an alpha character, for example: V9999999A. The USDA has determined that the number on a household's EBT card **cannot** be accepted as a food stamp case number on applications for Meal Benefits.

If your local FIA office is unable to confirm eligibility, you should verify eligibility by asking recipient families to send either of the following: (a) Food Stamp or Family Independence program (FIP) certification notice showing the beginning and ending dates of the certification period, (b) ATP Card (Authorization to Participate), *with an expiration date*.

One issue of concern is advance notice of adverse action. When it is determined that the child(ren)'s benefits have changed due to verification, the household must be given ten days written notification that the benefits will be changed. The first day of the ten calendar days advance notice is the day the notice is sent. Several other issues have been raised by the Office of Auditor General regarding the Verification of Free and Reduced Applications. Please refer to Administrative Policy #8 of School Year 2002-2003.

**The deadline for completing Verification of Eligibility for School Meals is December 15, 2004.** File the Verification Checklist, the Verification Summary Report and all supporting documentation in one central file. MDE program analysts will request this folder when your program is reviewed. This information is still needed for your Coordinated Review Effort (CRE) and for any school audit. **Do not send this information to MDE at this time. We will provide additional information as the web-based system for verification reporting is implemented.**

# Random Sampling

The minimum required sample size is **3 percent or 3,000**, whichever is less, of **all approved applications on file** on October 31. A random sample should include both income eligible and categorically eligible applications. No attempt should be made to select only categorical applications.

*Remember, families approved through direct certification are not included in the application pool.*

**Calculation and selection** of the minimum required number of applications in the SFA to verify under random sampling:

**Step 1.** Count the total number of approved applications on file on October 31. Multiply the total by .03. **Round decimals upward.** At least one application **must** be verified.

Example: 340 applications x .03 = 10.2 applications. Round upward to 11 applications.

**Step 2.** Compare the result in Step 1 to 3,000. The sample size is the lesser number.

Example: In this example, 11 applications **must** be verified to meet the required sample size.

**Step 3.** Randomly select the required number of applications.

(1) A selection interval may be used. This can be accomplished by dividing the total number of approved applications on file in the SFA by the sample size to determine the selection interval.

Example: If there are 340 applications on file and 11 are required to be verified, divide 340 by 11 = 30.9. In this case, the selection interval is 31. Number all the applications. Randomly select an application from the total approved, and then choose every 31<sup>st</sup> application until 11 applications have been selected.

(2) Another random method of selection would be to put all the applications in a container and draw the eleven applications out for the verification sample.

Families approved through direct certification **do not** need to be verified.

# Focused Sampling

In **focused sampling**, a **minimum** required percentage or number of applications based on **income eligibility must** be selected for verification **AND** a minimum required percentage or number of applications approved based on **categorical eligibility must be selected** for verification.

*\*Remember, families approved through direct certification are not included in the application pool.*

The SFA **must** verify a minimum of:

- (1) the lesser of 1 percent or 1,000 of the **total** number of approved applications (both income and categorical). The 1% sample is selected from income applications with total household income within \$100 monthly or \$1,200 annually of the income eligibility guidelines (IEGs) for free and reduced price meals for that size household; **PLUS**
- (2) the lesser of .5 percent (one half of 1 percent) or 500 of the total number of applications that were approved based on categorical eligibility, selected from applications with a food stamp or FIP number.

EXAMPLE:

300 income applications  
200 categorical applications  
150 direct certification families  
500 total applications in the application pool

(1)	500 total applications	x .01	= 5
(2)	200 categorical applications	x .005	= <u>1</u>
	Total sample		= 6

(1) A sample of 5 applications must be selected from income applications with total household income within \$100 monthly or \$1,200 annually of the income eligibility guidelines (IEGs) for free and reduced price meals for that size household; **PLUS**

(2) 1 from the 200 categorical applications.

Michigan Department of Education  
Grants Coordination and School Support  
**Verification Report School Meals Program  
Security Access Form**

**DUE DATE: December 15, 2004**

This form is required for each person requesting Level 3 "Enter/Certify" security access rights to the following Michigan Education Information System (MEIS) applications:

- **Verification Report** – Verification Results for School Year 2004-2005

**Each different or additional designee must complete and submit a separate copy of this form.** A new form must be submitted for a replacement designee whenever the individual below is no longer authorized. Each designated individual with Level 3 "Enter/Certify" security access rights has the authority to grant Level 1 "Read Only" or Level 2 "Enter/Edit" rights to other individuals within their organization.

School District/Organization Name	Agreement Number
-----------------------------------	------------------

**1. Designated Individual (Cannot be an employee of a Food Service Management Company)**  
I agree to protect my user identification and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Verification data on MEIS I am certifying that the data is true and correct, that records are available to support it and that it is in accordance with the terms of the existing Agreement.

Signature	Date	* A _____ MEIS Account Number
Print Name		Telephone Number

\* If you HAVE already established an MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE.  
- If you do NOT have an MEIS account number, go to: <http://michigan.gov/meis> and click on the User Management System link (Key) on the top of the screen. Click on "Create an MEIS Account" and follow instructions.

**2. Level 3 "Enter/Certify" Security Access Rights**  
Check the MEIS Application(s) and corresponding authority for the above named Designated Individual:

<u><b>MEIS Application:</b></u>	<u><b>Authority:</b></u>
___ <b>Verification Report.</b>	Enter/ Certify School Meals program Verification Data for the National School Lunch/ National School Breakfast Program

**3. Authorization by Administrator**  
I attest that the above named individual has the authority indicated in Part 2.

Signature of Administrator	Title
Print Name	Date

**4. Mail or fax form to:** Ruby Dixon, MDE, Grants Coordination and School Support, P.O. Box 30008, Lansing, MI 48909  
**Fax: (517) 373-4022**

# Letter to Households - Notification of Selection for Verification of Eligibility

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Date*

## IMPORTANT: YOU MUST ANSWER THIS LETTER

Dear \_\_\_\_\_:

Your child's application has been selected as part of a review to make sure students are receiving the correct school meal benefits. If you do not reply to this letter, your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact (official's name) \_\_\_\_\_ by (date) \_\_\_\_\_.

You must send **either** (1) papers that show you receive food stamps or FIP (Family Independence Program) for your child, **or** (2) the name and social security number of each adult household member on the enclosed sheet **and** papers that show your household's current income.

The enclosed list shows the kinds of papers that you may use to show the income you had last month. If your child is a Food Stamp or FIP recipient, you may provide proof of his/her eligibility in place of income information. Please send copies if possible, if not, we will return your original.

If you do not send information that proves your child is eligible to receive free or reduced price meal benefits by \_\_\_\_\_, these meal benefits will be stopped for all children in your household.

If you have any questions or if you need any help, please call \_\_\_\_\_ at \_\_\_\_\_ (phone number) \_\_\_\_\_. If you do not hear from us by \_\_\_\_\_, free or reduced price meals will continue without change.

Thank you for cooperating in this matter.

Sincerely,

(Signature Block)

Enclosure

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) Should contact USDA's TARGET Center at (202)720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## **Documents to Verify Eligibility**

### **Verification Information For Free and Reduced Price Meals**

The papers you send must show: ● the amount of income received ● the name of the person who received it ● the date the income was received and ● how often the income was received.

To show the amount of money all household members received last month send copies of any of the following which pertain to you:

#### **Earnings/wages/salary for each job:**

- Current pay stub or envelope that shows how often it is received
- Letter from employer stating gross wages paid and how often paid
- Business or farm business papers, such as ledgers or tax records

#### **Social Security/pensions/retirement:**

- Social security retirement benefit letter
- Statement of benefits received
- Pension award notice

#### **Unemployment compensation/disability or worker's compensation:**

- Notice of eligibility from MESC or Social Security
- Unemployment or disability check stub
- Letter from worker's compensation

#### **Food Stamp and/or FIP Eligible:**

- Food Stamp or FIP certification notice showing the beginning and ending dates of the certification period
- ATP Card (Authorization To Participate) with an expiration date

#### **Welfare payments:**

- Benefit letter from welfare agency

#### **Child support/alimony:**

- Court decree, agreement, Friend of the Court information, or copies of checks received

#### **All other income:**

If you have other forms of income like rental income, send information or papers that show the amount of income received, how often it is received, and the date received.

#### **No income:**

If you have no income, send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income. You will be contacted within 60 days to update this information.

Call \_\_\_\_\_ for help or for answers about documents.  
(phone)

## Social Security Numbers Form

### Verification Information For Free and Reduced Price Meals

Please verify the information given on your application for free or reduced price meals. List the names and Social Security\* numbers for all adult members of your household in the table below.

Names of Adult Household Members	Social Security Number
	□ □ □ - □ □ - □ □ □ □
	□ □ □ - □ □ - □ □ □ □
	□ □ □ - □ □ - □ □ □ □
	□ □ □ - □ □ - □ □ □ □
	□ □ □ - □ □ - □ □ □ □
	□ □ □ - □ □ - □ □ □ □

\*The National School Lunch Act requires that, unless you show that you receive food stamps or FIP for your child, you must provide the social security number of each adult household member or indicate that the household member does not have a social security number. Benefits will be terminated if a social security number is not given for each adult household member or if no indication is given that the adult has no social security number. The social security number may be used to identify household members in verifying the correctness of information stated on the application and continued eligibility for the program. These verification efforts may be through program reviews, audits and investigations and may include contacting employers to determine income, contacting a local welfare office, the MESC to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. This information must be provided to each adult household member disclosing his/her social security number.

# Letter to Households - Notification of Change or Termination of Free and Reduced Price Meal Benefits

\_\_\_\_\_  
*Child(ren)'s Name(s)*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Date*

Dear: \_\_\_\_\_

We have completed verification of your child(ren)'s eligibility. Starting (Ten calendar days from the date of this letter) your child(ren)'s eligibility for free and reduced price meal benefits will be:

\_\_\_\_\_ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is 40¢ for lunch and 30¢ for breakfast.

\_\_\_\_\_ Stopped for the following reasons:

\_\_\_\_\_ Your income is over the allowable amount for free or reduced price meals.

\_\_\_\_\_ You did not provide proof of current eligibility. The following information is missing:

\_\_\_\_\_ Your current participation in the Food Stamp or FIP Program could not be confirmed.

\_\_\_\_\_ You did not respond to the verification notice. If information is provided by the termination date indicated above, benefits may be continued.

Starting immediately your child(ren)'s eligibility for meal benefits will be:

\_\_\_\_\_ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

You must tell the school when your household income increases or decreases by more than \$50 per month (\$600 per year) or when your household size increases or decreases. You may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in income or an increase in household size, fill out an application at that time.

If you do not agree with this decision you may discuss it with (Name of verifying official). You also have a right to a fair hearing. This can be done by calling or writing the following official:

Hearing Official: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If you wish your child(ren)'s meal benefits to continue while awaiting a hearing and decision, your appeal must be filed by (Ten days from the date of this letter).

Sincerely,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)720-2600 (voice and TDD).

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### Verification Worksheet (Completed Sample)

APPLICATION ID	# OF STUDENTS APPROVED ON APPLICATION	A. ORIGINAL APPROVAL (SELECT ONLY ONE FOR EACH APPLICATION)			B. RESULTS OF VERIFICATION (SELECT ONLY ONE FOR EACH APPLICATION)					C. REINSTATED ON OR BEFORE FEB 15
		FREE BASED ON FS/FIP/ FDPIR CASE #	FREE BASED ON INCOME/HH SIZE	REDUCED PRICE	NO CHANGE	RESPONDED, CHANGED TO FREE	RESPONDED CHANGED TO REDUCED PRICE	RESPONDED, CHANGED TO PAID	DID NOT RESPOND	
AA	2			2		2				
BB	1	1							1	
CC	5	5			5					
DD	4			4	4					
EE	6		6		6					
FF.	2	2						2		
GG	5		5						5	5
HH	3			3		3				
II	5	5			5					
JJ	6		6		6					
KK	2	2			2					
<b>TOTALS</b>	<b>41</b>	<b>15</b>	<b>23</b>	<b>3</b>	<b>28</b>	<b>5</b>		<b>2</b>	<b>6</b>	<b>5</b>

The ABCDE School District needed to verify 11 applications based on Random Sampling. The 11 “Family or Household” applications were for a total of 41 students. The totals under each “application type” add up to 41.

The “no response rate” can be easily calculated by dividing the total for “Did Not Respond” by the totals for the “# of students approved on application.”  
 $(6/41) \times 100 = 14.63\%$

The worksheet puts all the information in one place to make it easier to calculate totals and percentages required for reporting to USDA.



<b>Verification Checklist</b>	<b>School Year: _____</b>	Yes/	No/
Was verification done after approval of applications?			
Was the selection method used nondiscriminatory against the six protected classes (national origin, race, color, age, gender, disability)?			
Were households submitting applications notified in writing of their selection for verification? <b>Attach a copy to this list</b>			
Did the selection notice state:			
<ul style="list-style-type: none"> <li>• That the household has been selected for verification?</li> </ul>			
<ul style="list-style-type: none"> <li>• The types of acceptable income information?</li> </ul>			
<ul style="list-style-type: none"> <li>• That proof of current Food Stamp, FIP or FDPIR eligibility may be provided in lieu of other documentation?</li> </ul>			
<ul style="list-style-type: none"> <li>• That information must be provided and failure to do so will result in termination of benefits?</li> </ul>			
<ul style="list-style-type: none"> <li>• The deadline date for information?</li> </ul>			
<ul style="list-style-type: none"> <li>• The name and telephone number of the school official who can answer questions and provide help?</li> </ul>			
Were Food Stamp , FIP or FDPIR households given the opportunity to document participation in the Food Stamp FIP or FDPIR in lieu of providing other forms of documentation?			
Was income documentation provided for <b>any point in time between the month prior to application and the time the household is required to provide income documentation</b> (exceptions: farmers, seasonal workers, self-employed or other extraordinary circumstances)?			
Were households notified 10 days in advance of reduction or termination of benefits? <b>A copy of the notification form should be attached.</b>			
Did this notification advise households of:			
<ul style="list-style-type: none"> <li>• The change and the reason for the change in benefits?</li> </ul>			
<ul style="list-style-type: none"> <li>• The right to appeal and instructions on how and to whom to appeal?</li> </ul>			
<ul style="list-style-type: none"> <li>• The right to reapply anytime during the school year?</li> </ul>			
<ul style="list-style-type: none"> <li>• If a Food Stamp FIP or FDPIR household, their option to provide written evidence to confirm household income to assist in establishing continued eligibility?</li> </ul>			
Were benefits terminated or reduced for all households whose income confirmation did not support the previous eligibility?			
Are the reasons for all eligibility changes made as a result of verification properly documented and maintained on file?			



**VERIFICATION SUMMARY REPORT**

Agreement Number: \_\_\_\_\_ School Year \_\_\_\_\_  
 School Food Authority Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Verification Official's Name: \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

1. Date Verification Completed: \_\_\_\_\_
2. Number of "Paper" Applications Approved as of October 31: \_\_\_\_\_
3. Type of Free/Reduced Price Applications Used;  
 Individual Student       Household
4. Number of Schools \_\_\_\_\_ Number of enrolled students with access to the NSLP /or SBP \_\_\_\_\_.
5. Free Eligible

	Number of Students	Number of Approved Applications
5 - 1 # approved through Direct Certification		
5 - 2 # approved as FREE ELIGIBLE based on FS/FIP/FDPIR case number submitted on an application (Categorically Eligible)		
5 - 3 # approved as FREE ELIGIBLE based on income/household size information submitted on an application		

6. Reduced Price Eligible

	Number of Students	Number of Approved Applications
6 - 1 Total REDUCED PRICE ELIGIBLE reported:		

7. Type of Verification Used;  
 (Check Boxes Only for the Method(s) Used and Enter the Requested Data Only For the Method(s) Used.

- 7 - 1  Focused      Number of non-food stamp/non FIP applications Verified\*: \_\_\_\_\_  
 (Lesser of 1% or 1,000)  
 (\*Must be selected from income applications with total household income within \$100 monthly or \$1,200 annually of the IEG for free and reduced price meals for that size household.)  
 Number of Food Stamp/FIP applications Verified: \_\_\_\_\_  
 (Lesser of 0.5% or 500)  
 Number of Food Stamp/FIP applications Approved by October 31 \_\_\_\_\_  
 (Lesser of 3% or 3,000)

- 7 - 2  Random      Number of Applications Verified \_\_\_\_\_  
 7 - 3  100%      Number of Applications Verified \_\_\_\_\_  
 7 - 4  Other      (Describe) \_\_\_\_\_

7 - 5 Number of Applications Verified \_\_\_\_\_

8. Method of Income Confirmation Used: (Check the box next to each method used).

- 8 - 1  Written Evidence (Received directly from the household, including Food Stamp/FIP documentation)  
 8 - 2  Agency Records (Received from Food Stamp/FIP office or other Government agency)  
 8 - 3  Collateral Contact (Received **verbally** from sources other than the household or government agencies)

9. Documentation: School Food Authorities must maintain records that document the reasons for any changes in household benefits as a result of verification. Indicate where such records are maintained; (Check all that apply)

- a. Attached to summary
- b. Recorded on/attached to individual applications
- c. Other (Describe) \_\_\_\_\_

10. **Results of Verification by Application Type**

		FREE ELIGIBLE based on FS/FIP/FDPIR Application (Categorically Eligible)	FREE ELIGIBLE based on Income/Household Size Application (Income Eligible)	REDUCED PRICE ELIGIBLE
No Change	# applications			
	# students			
Responded Changed to Free	# applications			
	# students			
Responded Changed to Reduced Price	# applications			
	# students			
Responded Changed to Paid	applications			
	# students			
Did not Respond	applications			
	# students			
Reapplied and Reapproved on or before Feb.15	# applications			
	# students			
Total # applications				

**Certification:** This is to certify that income verification in regard to free and reduced price school meal applications has been completed as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Letter to the Food Stamp or FIP Office  
From the School Food Authority**

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

The regulations for the Food Stamp Program and the Family Independence Program (FIP) permit Food Stamp and FIP Offices to release eligibility information to administrators of the National School Lunch and Breakfast Programs to ensure that only eligible children receive free meal benefits.

The receipt of food stamps or FIP automatically qualifies children for free school meals. Enclosed is a listing of the names and food stamp or FIP case numbers for those approved free meal applicants who have been selected for verification. They have been approved to receive free meal benefits because they have indicated that the child for whom application was made now receives food stamp and/or FIP benefits. On the enclosed listing, please indicate if these household members are currently participating in the Food Stamp and/or FIP program. This information will be used only to confirm the approved applicant's eligibility for free meals benefits.

Your prompt return of this listing will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact \_\_\_\_\_ (Enter name of School Official) at \_\_\_\_\_ (Enter Telephone Number).

Sincerely,

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)

Enclosure





STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

**FOOD SERVICE**

**ADMINISTRATIVE POLICY NO. 5  
SCHOOL YEAR 2010-2011**

**SUBJECT:** Verification of Eligibility for School Meals

**DATE:** September 27, 2010

Verification is confirmation of eligibility for free and reduced price school meals under the National School Lunch Program (NSLP) and School Breakfast Program (SBP). Annually, each Local Educational Agency (LEA) must select and verify a sample of applications approved for meal benefits. The results of verification must be reported to the Michigan Department of Education (MDE) on the Local Educational Agency Review System (LEARS)-Verification Summary Report website.

The verification sample must be selected from households that have submitted an approved *Free and Reduced Price School Meals Family* application as of *October 1, 2010*. *Verification is not required for children who have been certified for free school meals under direct certification. The deadline for completing Verification of Eligibility for School Meals is November 15, 2010.*

To assist LEAs with the verification process, the document "12 Steps to Conducting Verification" has been developed. The website has links to all required documents needed to complete the verification process.

To access "12 Steps to Conducting Verification"

1. Go to [www.michigan.gov/schoolnutrition](http://www.michigan.gov/schoolnutrition).
2. Scroll down to What's New.
3. Click on "12 Steps to Conducting Verification."

All LEAs must report verification activities and outcomes to MDE using the LEARS-Verification Summary Report. LEARS will be available January 15, 2011. The electronic report for School Year 2010-2011 must be submitted to MDE by *March 1, 2011*. If your LEA needs to authorize a new designated individual to access the LEARS-Verification Summary Report, the Child Nutrition Program Security Agreement must be completed. The form is available at <http://michigan.gov/meis>.

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[www.michigan.gov/mde](http://www.michigan.gov/mde) • (517) 373-3324

To access the LEARS-Verification Summary Report website:

1. Go to <http://michigan.gov/meis>.
2. Under Child Nutrition Programs, click on the bullet point entitled, LEARS-Verification Summary Report.
3. Log in using your MEIS Account ID and password. (If you need assistance, click on LEARS Help Page on the Login page, or on the report to view line by line instructions on how to complete the report.)
4. Complete the report. Click on Save, at the bottom of the report, to save entered data. Click on Certify, at the bottom of the report, to confirm the accuracy of the data entered on the report.

Questions regarding this Administrative Policy may be directed to the School Nutrition Training and Programs unit by email to [MDE-SchoolNutrition@michigan.gov](mailto:MDE-SchoolNutrition@michigan.gov).



**Michigan Department of Education  
Child Nutrition Programs - Security Authorization Form**

School District/Organization/Institution Name	Agreement Number
<b>1. Designated MEIS Applications</b> Check boxes below for which Level 3 "Enter/Certify" access rights are being requested.	
<b>a. CHILD NUTRITION APPLICATION PROGRAM (CNAF)</b> <input type="checkbox"/> School Meals Program <input type="checkbox"/> Child & Adult Care Food Program - Centers <input type="checkbox"/> Child & Adult Care Food Program - FDCH Sponsor <input type="checkbox"/> Summer Food Service Program <input type="checkbox"/> Summer Camp Special Milk Program <input type="checkbox"/> The Emergency Food Assistance Program <input type="checkbox"/> Commodity Supplemental Food Program	<b>b. CLAIM FORM</b> <input type="checkbox"/> School Meals Program <input type="checkbox"/> Child & Adult Care Food Program - C Claim <input type="checkbox"/> Child & Adult Care Food Program - FDCH Claim <input type="checkbox"/> Summer Food Service Program <input type="checkbox"/> Summer Camp Special Milk Program <input type="checkbox"/> The Emergency Food Assistance Program <input type="checkbox"/> Commodity Supplemental Food Program
<b>c. LEARS - VERIFICATION SUMMARY REPORT</b> <input type="checkbox"/> School Meals Program	<b>d. YEAR END REPORT - SM-4012-A/R</b> <input type="checkbox"/> School Meals Program The Year End Report is not required for schools operating the Special Milk Program ONLY.
<b>2. Designated Individual (CANNOT BE A FOOD SERVICE MANAGEMENT COMPANY EMPLOYEE)</b> I agree to protect my user ID and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Child Nutrition Program data on MEIS, I am certifying the data is true and correct, records are available to support it, and it is in accordance with the terms of the existing Agreement.	
Signature _____	Date _____
Print Name _____	Title _____
* <b>A</b> _____ MEIS Account Number	
Telephone Number _____	
Email Address _____	
* If you HAVE already established a MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE. * If you do NOT have a MEIS account number, go to: <a href="http://michigan.gov/meis">http://michigan.gov/meis</a> and click on the MEIS logo box at the top of the screen. Click on "Create a MEIS Account" and follow instructions.	
Check if you are a: <input type="checkbox"/> <b>Replacement Designee</b> _____ Name of Former Designated Individual to be Removed from Security Access	
<b>3. Authorization by Superintendent, Administrator, or Institution Official or Owner</b> <b>Public School Academies: Signature of the School Board President is required</b> I attest that the above named individual is authorized to initiate and electronically submit Child Nutrition Program applications to the Michigan Department of Education and to grant Level 1 "Read Only" or Level 2 "Enter/Edit" access rights to other individuals within the organization.	
Signature of Superintendent/Administrator/Institution Official or Owner (Public School Academy: School Board President)	Title
Print Name	Date
<b>4. Mail or fax form to:</b> Ruby Zavala, Michigan Department of Education, GCSS, P.O. Box 30008, Lansing, MI 48909 <b>Fax: (517) 373-4022</b>	

This form must be submitted for **each** individual requesting Level 3 "Enter/Certify" security access rights to any of the Child Nutrition Program applications on the Michigan Education Information System (MEIS). Each organization may designate a maximum of two individuals and must submit a separate form for **each** individual to obtain Level 3 access.

## Instructions for Completing the LEARS- Verification Summary Report

Local Educational Agencies (LEAs) participating in the National School Lunch Program (NSLP) and School Breakfast Program (SBP) are required to annually report their verification results of the Free and Reduced Price School Meals Program to the Michigan Department of Education (MDE).

The LEARS - Verification Summary Report is organized into two parts:

- Part I provides information about the number of students served by the LEAs and how the students were qualified for the meal benefits.
- Part II summarizes the results of the verification activities, which includes the number of students for whom benefits were decreased, maintained at current levels, or terminated.

*NOTE:* LEAs are either public or private. Please select the appropriate LEA type for your institution. Click on the circle next to LEA Type.

If you need to leave the screen at any time while filling in information, **Click the Save button** at the bottom left of the screen. Please be sure to verify your current e-mail address in the boxes provided.

### **Part I. Enrollment, Application, and Eligibility Information (Pre-Verification)**

1. Only household/family applications may be used to determine eligibility for free and reduced price school meals.
2. The total number of buildings operating the NSLP and SBP is taken directly from your October claim (SM-4012-SL) and shown in Column A. You will **not** be allowed to change this number.
3. The total number of students with access to the NSLP or SBP (for SBP only schools) is also taken directly from your October claim (SM-4012-SL) and shown in Column B. You will **not** be allowed to change this number.

### **Column A and Column B applies to numbers 4 and 5 on the form as follows:**

Column A reports the numbers of eligible students as of October 31.

Column B reports the number of household applications as of October 1.

4. The total number of FREE ELIGIBLE students that the LEA reported as of October 31. This number is taken from your October claim (SM-4012-SL). You will **not** be allowed to change this number. The sum of the three free eligibility categories reported on Lines 4-1, 4-2, and 4-3 must equal this number.

4.1 In Column A, report the total number of students approved as FREE ELIGIBLE whose approval is not subject to verification: (directly certified, migrant or homeless liaison list, income eligible Head Start, pre-K, Even Start, residential students in RCCIs, and non applicants approved by local officials) as of the last operating day in October.

4.2 In Column A, report the total number of students approved as FREE ELIGIBLE based on a Food Assistance Program/Family Independence Program/Food Distribution Program on Indian Reservation (FS/FIP/FDPIR) case number submitted on an application as of October 31.

In Column B, report the total number of approved FREE ELIGIBLE applications based on a FAP/FIP/FDPIR case number on file as of October 1.

4.3 In Column A, report the total number of students approved as FREE ELIGIBLE based on household size/income as of October 31.

In Column B, report the total number of applications approved as FREE ELIGIBLE based on household size/income as of October 1.

5. In Column A, the total number of students approved as REDUCED PRICE ELIGIBLE based on household size/income as of October 31.

In Column B, report the total number of applications approved as REDUCED PRICE ELIGIBLE based on household size/income on file as of October 1.

## **Part II. Results of Verification by Application Type**

This portion reports the number of applications and the number of students for whom benefits were maintained at the same level, reduced, or terminated as a result of information submitted during verification.

6. Report the type of verification process the LEA used to comply with the requirements of 7 CFR 245.6a. Click on the method of verification sample selection used by the LEA. Note: The verification of *all applications* is now prohibited, and your sample selection is determined in accordance with your prior year response rate to verification, as well as eligibility status changes. (See Administrative Policy No. 5 School Year 2010-2011).

Numbers 7 through 12, report the results of the verification process by type of application approval, categorically or income eligible.

For numbers 7 through 11 the results are reported as of the date verification is completed. For the purpose of this report, verification is complete when an application has been processed and meets the following criteria:

- The household submits the required last 4 digits of social security numbers (income applications only) and there is either adequate written evidence or collateral contact corroboration of income or categorical eligibility. Verification is considered complete for this household.

- The household submits the required last 4 digits of social security numbers (income applications only) and there is either adequate written evidence or collateral contact corroboration of income which indicates that the child(ren) should receive either a greater or lesser level of benefits. Verification is considered complete for this household when the notice of adverse reaction is sent or household is notified that its benefits will be increased.
  - The household indicated, verbally or in writing, that it no longer wishes to receive free or reduced price benefits. Verification is considered complete when the notice of adverse action is sent.
  - When it is determined that a child is not part of the household currently certified to receive Food Stamps, TANF or FDPIR. Verification is considered complete when the notice of adverse action is sent.
7. Report the number of applications with No Change in eligibility and the number of students on these applications, for each application type.
  8. 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.
  9. Report the number of applications for which the eligibility was changed to Reduced Price based on documentation provided by the household and the number of students on these applications, for each application type.
  10. Report the number of applications for which the eligibility was changed to Paid based on documentation provided by the household and the number of students on these applications, for each application type.
  11. Report the number of applications for which the eligibility was changed to Paid because the household Did Not Respond, and the number of students on these applications, for each application type.

*NOTE:* Report *all* applications for which the household Did Not Respond, even if the students on the application continued to receive free or reduced price school meals while being claimed as paid. Report the number of students on these applications.

12. Report the number of applications for households whose eligibility was changed to Paid as a result of verification and then resubmitted and approved for either free or reduced price school meal benefits on or before February 15. Include the number of students on these applications for each eligibility category.

After you have verified that all data is correct, click the Certify button at the bottom right of the screen. There is an area for external comments which is used by the MDE reviewer, in case there are questions, comments or concerns that may involve editing your report. An e-mail will be sent requesting you to login to your report and view these comments. After you have certified your report, click on the Logout link in the upper left hand corner of the screen to safely leave LEARS.

Should you need further assistance in completing this report, send inquiries by e-mail to: [MDE-Schoolnutrition@michigan.gov](mailto:MDE-Schoolnutrition@michigan.gov)

- Please include the name of your school and/or agreement number, along with your name and a phone number where you can be reached.

**IMPORTANT:** Print at least one copy of the LEARS-Verification Summary Report to keep on file at the LEA.

# Example of Completed LEARS Report

Information																																																																												
<p>The report is certified on 3/2/2011 2:28:37 PM.</p>																																																																												
<p>LEA Type: <input checked="" type="radio"/> Public <input type="radio"/> Private</p>																																																																												
I. Enrollment, Application, and Eligibility Information (Pre Verification)			II. Results of Verification, by Application Type																																																																									
<p>1. Type of Free/Reduced Price Application Used</p> <p><input checked="" type="radio"/> Household</p>			<p>6. Type of Verification Used</p> <p><input type="radio"/> Alternate Random <input type="radio"/> Alternate Focused <input checked="" type="radio"/> Basic</p>																																																																									
<p>2. Number of Schools and RCCIs operating the NSLP and/or SBP</p> <p>A. All Schools</p> <p>3</p>			<p>Items 7 through 11 are required and are reported as of the date of completion of the verification process (see instructions). Item 12 is optional and is reported as of February 15.</p>																																																																									
<p>3. Number of enrolled students with access to the NSLP (or SBP for SBP only schools)</p> <p>1139</p>			<table border="1"> <thead> <tr> <th></th> <th>A. FREE ELIGIBLE based on FAF/FIP/FDPIR Application (Categorically Eligible)</th> <th>B. FREE ELIGIBLE based on Income/Household Size Application (Income Eligible)</th> <th>C. REDUCED PRICE ELIGIBLE</th> </tr> </thead> <tbody> <tr> <td>7. No Change</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>→ applications</td> <td>2</td> <td>0</td> </tr> <tr> <td></td> <td>→ students</td> <td>4</td> <td>0</td> </tr> <tr> <td>8. Responded, Changed To Free</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>→ applications</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td>→ students</td> <td></td> <td>0</td> </tr> <tr> <td>9. Responded, Changed to Reduced Price</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>→ applications</td> <td>2</td> <td>0</td> </tr> <tr> <td></td> <td>→ students</td> <td>3</td> <td>0</td> </tr> <tr> <td>10. Responded, Changed to Paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>→ applications</td> <td>1</td> <td>0</td> </tr> <tr> <td></td> <td>→ students</td> <td>1</td> <td>0</td> </tr> <tr> <td>11. Did Not Respond</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>→ applications</td> <td>5</td> <td>0</td> </tr> <tr> <td></td> <td>→ students</td> <td>6</td> <td>0</td> </tr> <tr> <td>12. Reapplied and</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>→ applications</td> <td>1</td> <td>0</td> </tr> </tbody> </table>			A. FREE ELIGIBLE based on FAF/FIP/FDPIR Application (Categorically Eligible)	B. FREE ELIGIBLE based on Income/Household Size Application (Income Eligible)	C. REDUCED PRICE ELIGIBLE	7. No Change					→ applications	2	0		→ students	4	0	8. Responded, Changed To Free					→ applications		0		→ students		0	9. Responded, Changed to Reduced Price					→ applications	2	0		→ students	3	0	10. Responded, Changed to Paid					→ applications	1	0		→ students	1	0	11. Did Not Respond					→ applications	5	0		→ students	6	0	12. Reapplied and					→ applications	1	0
	A. FREE ELIGIBLE based on FAF/FIP/FDPIR Application (Categorically Eligible)	B. FREE ELIGIBLE based on Income/Household Size Application (Income Eligible)	C. REDUCED PRICE ELIGIBLE																																																																									
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12. Reapplied and																																																																												
	→ applications	1	0																																																																									
<p>4. Total FREE ELIGIBLE reported</p> <p>A. # of Students as of October 31</p> <p>972</p>																																																																												
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<p>4-2. # approved as FREE ELIGIBLE based on FAF/FIP/FDPIR case number submitted on an application (Categorically Eligible)</p> <p>377</p>			<p>188</p>																																																																									
<p>4-3. # approved as FREE ELIGIBLE based on income/household size information submitted on an application</p> <p>196</p>			<p>99</p>																																																																									
<p>5. Total REDUCED PRICE ELIGIBLE reported</p> <p>40</p>			<p>21</p>																																																																									