

Verification Tracking Worksheet

Student Name: _____

Application Number: _____

Confirmation Review

- Official's Initial: _____ Date: _____
- Electronic System

Date Verification Notice Sent: _____

Date Response Due from Household: _____

Date Second Notice Sent Date: _____

Date Documentation Received from Household: _____

Original Determination

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Free <ul style="list-style-type: none"> <input type="checkbox"/> Income <input type="checkbox"/> Case Number <input type="checkbox"/> Foster <input type="checkbox"/> Reduced | <p>Error Prone</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Received from Household

- Proof of income including name, amount and frequency of income received and date.
- Notice of eligibility for child or household member from an assistance program.
- Official letter or notice from appropriate state agency, social service agency or court.
- Other: _____

Documentation from Communication with Household:

Verification Results

Responded

- No Change
- Free to Reduced Price
- Free to Paid*
- Reduced-Price to Free
- Reduced-Price to Paid*

Number of Students

Date Result Notification Sent

No Response

- Changed to Paid

Number of Students

Date Result Notification Sent

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* Notice of adverse action required