

REQUIRED VERIFICATION TRACKER
FOR SCHOOL USE IN THE VERIFICATION PROCESS
Complete and attach to each verified application

Application ID Number or Name _____

Date Checked by Confirming Official:
(MUST be prior to letter to household) _____

Signature or Initials of Confirming Official: _____

(Confirming Official **cannot be** Determining Official and must be designated on the CN Contact Attachment to the Policy Statement)

Date Verification Notice Sent: _____ Verifying Official Initials : _____

Date Response Due from Household: _____

Date Second Notice Sent (or N/A): _____ Verifying Official Initials: _____

Additional Follow up attempt: _____ Initials: _____

Original Approval Based On:

SNAP Case Number **Original Approval:** Free

Foster Child Designation Reduced

Household Size and Income

Verification Result:

No Change

Free to Paid

Free to Reduced

Reduced to Free

Reduced to Paid

Reason for Change:

Income: _____

Household Size: _____

Change in SNAP benefits

Did not respond

Other: _____

NOTES on verification attempts and income calculations:

Date Notice of Change Sent: _____

Date Change Made: _____

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____

Date Verification Completed: _____