

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
- ☐ Foster Child Designation
- ☐ Household Size and Income

Original Approval: Free

☐

Reduced

☐

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: