**Verification Report | Individual Household Form**

|  |  |  |
| --- | --- | --- |
| **Household Information** |  | **Verification Selection** |
| Household Name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Selected:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Number of Household Members: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Total Number of Enrolled Students: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |
| **Selection Method** |
| [ ]  | Basic (Error Prone) | [ ]  | Alternate Method 1 | [ ]  | Alternate Method 2 |
|  |
| **Notification Selected for Verification** |
|  |  **1st Notice** |  **2nd Notice** |  |
|  | Date Sent: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Sent: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Response Due: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Response Due: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Date of Response: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Response: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |
| **Verification of Income/Categorical Status (SNAP, TANF, or FDPIR)**  |  |
| **Confirmed Status of Household** |
| ***SNAP/TANF confirmed by*** | ***Income*** |  |
| [ ]  | SNAP/TANF Office | Monthly Income: | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| [ ]  | Notice of Eligibility | *Confirmed by* |
| [ ]  | Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | Wage Stubs (Gross Monthly Income) |  |
|  | [ ]  | Written Documents |
| ***FDPIR confirmed by*** |  |
| [ ]  | Governing Agency Documentation | [ ]  | Collateral Contacts |
| [ ]  | Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | Agency Records |  |
|  | [ ]  | Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Not Confirmed** |
| [ ]  | Eligibility Not Confirmed |
|  |
| **Verification Determination** |
| ***Change*** | ***Reason for Change*** | ***Notification of Change***  |
| [ ]  | No Change | [ ]  | Non Response  | Date Notice Sent: | \_\_\_\_\_\_\_ \_\_\_\_\_\_ |
| [ ]  | Reduced-Price to Free | [ ]  | High Income |  |  |
| [ ]  | Reduced-Price to Paid | [ ]  | SNAP/TANF Eligibility Not Confirmed |  |  |
| [ ]  | Free to Reduced-Price | [ ]  | Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| [ ]  | Free to Paid |  |  |  |  |  |
|  |
| **Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:**  | \_\_\_\_\_\_\_ \_\_\_\_\_\_ |
|  |

**Verification Report | Individual Household Form**

|  |
| --- |
| **Use This Form** |
| **Frequency** | Required completion for each household selected for verification. |
| **Required Form Format** | Use this form. |
| **Record Retention** | Completed forms kept onsite and made available on request.Public and charter schools are required to keep documentation related to school nutrition programs for 5 years.Private schools, other nonprofit organizations, and residential child care institutions (RCCIs) are required to keep documentation for 3 years. |

**Purpose**

This form is intended to assist Contracting Entities (CEs) in documenting their efforts to verify eligibility. CEs must complete a form for each household selected for verification that cannot be Directly Verified.

**Required Use of This Form.** In Texas, CEs are required to complete this form for each household selected for verification. When fully completed, this form documents the collection of information and provides a summary of the verification process for each household. A fully completed individual household record and the household’s free and reduced-price meal application are the only individual household records the CE needs to retain related to verification.

Records Containing Household Confidential Information. TDA strongly recommends that CEs do not keep confidential information beyond the period of time needed to verify a student’s eligibility. Correct use of this form allows CEs to destroy or return confidential information rather than maintain a long-term storage method for securing confidential household information.

Return of Documentation to the Household**.** If a household requests that documentation be returned, the Verification Official should comply with this request.

**Directions for Completing Form**

***Household Information***

* **Household Name:** Record the household name being verified in the designated space.
* **Total Number of Household Members:** Record the total number of individuals in the household—child and adult—in the designated space.
* **Total Number of Enrolled Children:** Record the total number of children enrolled in the designated space.

***Verification Selection***

* **Date Selected:** Record the date the household was selected for verification in the designated space.

***Selection Method***

* Mark the box describing the method that was used to select the household for verification.

***Notification Selected for Verification***

* **1st Notice:** Record the date the notice was sent to the household, the date response is due from the household, and the date the household responded in the designated spaces.

*If the household is sent a second notice,*

* **2nd Notice:** Record the date the notice was sent to the household, the date response is due from the household, and the date the household responded in the designated spaces.

***Verification of Income/Categorical Status (SNAP, TANF, or FDPIR)***

***Select One of the Following Status Statements***

***Confirmed Status of the Household***

* + Mark the appropriate box that describes the way the status was confirmed in the boxes under *SNAP/TANF*, *FDPIR*, or *Income*. If the *Other* response is checked, provide a brief explanation of source of confirmation in the designated space.

***Not Confirmed***

* + Mark the box under *Not Confirmed* if the participant’s eligibility could not be confirmed.

***Verification Determination***

* **Change:** Mark the box that reflects the determination that was made based on information provided by the household.
* **Reason for Change:** Mark the box that reflects the reason there was a change in status. If the box for *Other* is chosen, provide a brief explanation of that reason.
* **Notification of Change:** Record the date the notification of verification determination was sent to the household in the designated space.

**Signature/Date**

* Sign and date the form in the designated space.