

Sample Verification Collection Report 2015

Skyward, Inc.

lfsrpt297.p 17-2
05.14.10.00.10

Name of District
Verification Collection Report 2015

12/05/15

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8:40 AM

3. Students approved as FREE eligible NOT subject to verification	B. Number of FREE Students
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3-2: Students directly certified through Supplemental Nutrition Assistance Program (SNAP: Do not include students certified with SNAP through the letter method.	3-2
3-3: Students directly certified through other programs: Include those directly certified through Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K, Even Start, or non-applicant, but approved by local officials. DO NOT include SNAP students already reported in 3-2.	3-3
3-4: Student certified categorically FREE eligible through SNAP letter method. Include students certified for free meals through the family providing a letter from the SNAP agency.	3-4

4. Students approved as FREE or REDUCED PRICE eligible through a household application	A. Number of Applications	B. Number of Students
4-1: Approved as categorically FREE Eligible. Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on application)	4-1A	4-1B
4-2: Approved as FREE eligible. Based on household size and income information.	4-2A	4-2B
4-3: Approved as REDUCED PRICE eligible. Based on household size and income information	4-3A	4-3B
T-1: Total FREE Eligible Students Reported:		T-1
T-2: Total REDUCED PRICE Eligible Students Reported:		T-2

5. All SFAs must report Section 5 unless exempt from verification	A. Number of Applications	B. Number of Students
5-4: Total ERROR PRONE applications: Report all applications as of October 1 st considered error prone:	5-4	
5-5: Number of applications selected for verification sample:	5-5	
5-7: Confirmed through direct verification:	5-7A	5-7B

VC-1: Total questionable applications verified for cause (Enter "N/A: if not applicable). Report the number of applications as of November 15 th verified for cause in addition to the verification requirement.	VC-1
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5-8: Results of Verification by Original Benefit Type

For each original benefit type (A, B, & C), report the number of applications and
Students as of November 15th for each result Category (1, 2, 3 & 4).

Do NOT include students and applications already reported in 5-7A Or 5-7B.

		A. FREE- Categorically Eligible	B. FREE – Income based in Income/Household Size	C. REDUCED PRICE - Income
Responded, No Change	# Applications	5-8A,1a	5-8B,1a	5-8C,1a
	# Students	5-8A,1b	5-8B,1b	5-8C,1b
Responded, Changed to REDUCED (A&B)/FREE (C) PRICE	# Applications	5-8A,2a	5-8B,2a	5-8C,2a
	# Students	5-8A,2b	5-8B,2b	5-8C,2b
Responded, Changed to PAID	# Applications	5-8A,3a	5-8B,3a	5-8C,3a
	# Students	5-8A,3b	5-8B,3b	5-8C,3b
Not Responded, Changed to PAID	# Applications	5-8A,4a	5-8B,4a	5-8C,4a
	# Students	5-8A,4b	5-8B,4b	5-8C,4b