

Verification Worksheet

Date: _____

Head of Household's Name: _____

Students' Names:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Verified Food Assistance or TAF Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Attach documentation from Kansas Department for Children and Families or the KSDE Direct Certification List.

Verified FDPIR Number: _____

Attach documentation from Tribal Authority.

Verified Foster Child Case Number: _____

Attach documentation from a State child welfare agency or court or from the KSDE Direct Certification List.

(a) Gross pay includes routinely earned overtime, holiday pay, vacation pay, shift differentials, etc.

(b) Do NOT annualize income if it is ALL received with the SAME frequency. Otherwise, convert to annual income using the following factors: Weekly X 52; Every 2 weeks X 26; Twice a month X 24; Monthly X 12.

	Source of Employment/ Income (2)	Gross Pay from Income Documentation (3)	Gross Pay from 2 nd Consecutive Pay Stub (4)	Total Gross Pay (5)	Average Gross Pay (6)	Income Frequency (Circle One) (7)	Conversion Factor (8)	Verified Income (9)
1						W E2 2M M Y		
2						W E2 2M M Y		
3						W E2 2M M Y		
4						W E2 2M M Y		
5						W E2 2M M Y		
6						W E2 2M M Y		
Total Verified Income								

Check **ONE** Income Frequency:

- W** = Weekly **E2** = Every 2 Weeks **2M** = Twice a Month **M** = Monthly **Y** = Yearly

Total Number Living in Household: _____

Original Eligibility Status:

- Reduced Free

Results of Verification:

- Benefits Remain the Same
 Revised Eligibility Status:
 Paid Reduced Free

Date/Method of Follow-up Contact, if applicable: _____

Date Verification Completed: _____

Date Notification of Change Sent to Household: _____

Date Notification of Change Sent to School Personnel: _____

Date of Benefit Change: _____

A reduction of benefits must be made after ten calendar days advance notice.
 An increase in benefits must be made within three working days.

Instructions for Completing Verification Worksheet

1. Date: Record today's date.
2. Head of Household's Name: Record the name of the person who signed the application.
3. Students' Names: Record the first and last names of all enrolled students in Part 1 on the application.
4. Verified Food Assistance, TAF, FDPIR, or Foster Child number:
You may contact the household directly OR the local Kansas Department for Children and Families, Indian tribal office or a State child welfare agency or court to obtain documentation that the students listed were eligible for Food Assistance, TAF or FDPIR benefits or a foster child at any time from the month of application for free school meals up to the current date. For an application received for a foster child you may also attach documentation from the KSDE Direct Certification List indicating the child's foster status.

If DCF the tribal office, the State child welfare agency, or court notifies you that a household did not receive Food Assistance, TAF, or FDPIR or did not have a foster child at any time from the month prior to application until the current date, give the household the opportunity to supply income information by sending them the Confirm Your Eligibility for Free/Reduced Price Meals letter.

A household receiving Food Assistance or TAF can document its eligibility by providing a copy of the household's Vision Card and two Vision Card receipts dated at anytime from the month prior to application for free school meals up to the current date. Attach copies of the Vision Card and receipts.

5. Total Verified Income: Households must provide proof of income for any point in time between the month prior to application and the time the household is required to provide income documentation. Income from all sources listed on the application must be verified.
 - Column 2 – Record the source or type of income (e.g. farm, self-employment, job #1, child support, etc.)
 - Column 3 – Record the current gross income from each income source. This could be documented by a paycheck stub, letter from the employer, court record or canceled check, income tax form (only for self-employment income, farm income or seasonal income). If paycheck stubs are used as documentation for regular wages and salary income, one pay stub is sufficient if it is representative of what the household normally receives and income frequency can be determined.
 - Column 4 – If paycheck stubs are used as documentation for regular wages and salary income, two consecutive paycheck stubs could be provided. Record the current gross income from a second paycheck stub, if applicable.
 - Column 5 – Record the total gross income by adding columns 3 and 4, if applicable.
 - Column 6 – Divide total gross income listed in column 5 by 2 and record the answer in column 6, if applicable.

Instructions for Completing Verification Worksheet, continued

For households that use an income tax form to verify self-employment income, farm income or seasonal income, use Form 1040 and add together lines 3, 4, 5, and 6 from Schedule 1 and Line 7 from Form 1040. It is not possible to report a negative income from any business venture. The least income possible is zero (no income).

If a household has multiple businesses, it may be necessary to seek clarification from the household to determine which figures reported apply to each individual business' income.

- Column 7 – Record the frequency of pay period for each income source. This can be obtained from the letter from the employer, paycheck stubs or court record. Determine if the pay period is weekly, every two weeks, twice a month, or monthly. If income tax records are provided for self-employment, farm or seasonal income, the pay period is annual.
 - Column 8 – Record the conversion factor, if applicable. If income from ALL sources is received with the same frequency, leave this column blank. Otherwise, record the appropriate annual conversion factor for each income source: Weekly = 52; Every 2 weeks = 26; Twice a month = 24; Monthly =12.
 - Column 9 – Record the verified gross income from each pay source.
 - Total the amounts in column 9 and check the appropriate income frequency for the household.
8. Total Number Living in Household: Record the total number of household members listed on Application Packet for Free and Reduced Price School Meals.
 9. Original Eligibility Status: Indicate whether the original determination for this household was reduced price or free CNP benefits.
 10. Results of Verification: Compare the Total Verified Monthly or Annual Income and the Total Verified Living in Household to the Income Eligibility Guidelines. Determine if the household's current approved benefit category is still correct or if changes will be necessary. Check the appropriate box on the form to indicate that the benefits remain the same or how they will change.
 11. Date/Method of Follow-up Contact: If a follow-up contact was made, record the date of the contact and the method used (i.e. phone, mail, etc.)
 12. Date Verification Completed: Record the date that verification was completed for this application.
 13. Date Notification of Change Sent to Household: Record the date the notification letter was sent to this household. Use the *We Have Checked Your Application (Verification Results Letter)* located on the KN-CLAIM Checklist Tab.
 14. Date Notification of Change Sent to School Personnel: Record the date that attendance center personnel were notified of the benefit change. Form 8-L (Notification to Attendance Center of Change in Eligibility Status) may be used for this purpose.
 15. Date of Benefit Change: Record the date that benefits are required to change. A reduction of benefits must be made after ten calendar days advance notice. An increase in benefits must be made within three working days.