# Part 1.  Pre-Verification Worksheet

School Year: _____ - _____    Sponsor Number & Name: _____    Page _____ of _____

Verification method (*check one*): ☐ Alternate 1 (Random)    ☐ Alternate 2 (Focused)    ☐ Standard (Error-Prone)

| Pre-Verification Counts by Certification Type | Reduced Price Approved | | Approved Free | |
|---|---|---|---|---|
| | Students (a) | Applications (b) | Students (c) | Applications (d) |
| | Students as of Oct. 31 (a) | Applications as of Oct. 1 (b) | Students as of Oct. 31 (c) | Applications as of Oct. 1 (d) |
| **1a. Not Subject to Verification – Food Assistance (FA)** Count TOTAL free eligible student directly certified through Food Assistance. | ░░░ | ░░░ | | ░░░ |
| **1b. Not Subject to Verification** Count TOTAL free eligible students based on any of the following: <br>• Direct Certification (TAF, Foster Child) <br>• Certified migrant, homeless or runaway <br>• Income-eligible Head Start or Even Start <br>• Residents in Residential Child Care Institutions (RCCI) <br>• Non-applicants approved by local officials based on collateral contacts | ░░░ | ░░░ | | ░░░ |
| **1c. Not Subject to Verification – Medicaid** Count TOTAL reduced price or free eligible student directly certified through Medicaid. | | ░░░ | | ░░░ |
| **2.  Categorical Eligibility** Count TOTAL free eligible students and applications approved based on a case number for any of the following programs: <br>• Food Assistance or <br>• Temporary Assistance to Families (TAF) or <br>• Food Distribution Program on Indian Reservations (FDPIR) or <br>• Foster Child. | ░░░ | ░░░ | | |
| **3.  Income Eligibility** Count TOTAL reduced price or free eligible students and applications approved based on household size and income. | | | | |
| **4.  Column Totals** | | ░░░ | | |
| **5.  Number of Error Prone Applications as of October 1ˢᵗ.** | ░░░ | | ░░░ | |

# Part 2. Post-Verification Results

| App. ID (1) | Head of Household's Last Name, First Name (2) | Number Students on App. (3) | Original Benefits *(Check one)* (4) | | | Verified Benefits on November 15 *(Check one)* (5) | | | | | Verification Completed Date (6) | Verified "for cause" *(See form instructions)* (7) | Directly Verified (8) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Reduced Price (4a) | Free — Categ. Eligible (4b) | Income Eligible (4c) | Changed to Paid No Response (5a) | Changed to Paid Responded (5b) | Changed To Reduced (5c) | Changed to Free (5d) | No Change (5e) | | | |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
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| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
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| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |

# Instructions for Completing the Verification Reporting Forms

**IMPORTANT:** By December 15, the information collected on these forms must be entered by the Sponsor using the Child Nutrition & Wellness Internet computer system, KN-CLAIM. The computer screens have the same format as the paper forms. All sponsors must provide the information on Part 1. and Part 2. Sponsors that verify more than 20 applications may use as many copies of Part 2. as needed to list all applications verified.

## Part 1.  Pre-Verification Worksheet
Record the current school year and the sponsor's number and name in the spaces provided at the top of the form.
Check the verification sampling method used:  random, focused, error-prone or all.

| | |
|---|---|
| Row 1a, Column (c) ........ | Record total students directly certified through Food Assistance who are not subject to verification and are eligible for free benefits on October 1 and October 31. |
| Row 1b, Column (c) ........ | Record total students who are not subject to verification and are eligible for free benefits based on any of the following:  direct certification (Temporary Assistance to Families, Foster Child), certified migrant, homeless or runwaway, income-eligible Head Start or Even Start, Residents in Residential Child Care Institutions (RCCI), or non-applicants approved by local officials based on collateral contacts on October 1 and October 31. |
| Row 1c, Column (a) ........ | Record total students who are not subject to verification and are eligible for reduced price benefits based on direct certification via Medicaid on October 1 and October 31. |
| Row 1c, Column (c) ........ | Record total students who are not subject to verification and are eligible for free benefits based on direct certification via Medicaid on October 1 and October 31. |
| Row 2, Column (c) .......... | Record total students who are categorically eligible for free benefits on October 1 and October 31. |
| Row 2, Column (d) ........ | Record total applications that are categorically eligible for free benefits on October 1 only. |
| Row 3, Column (a) ........ | Record total students who are income eligible for reduced price benefits on October 1 and October 31. |
| Row 3, Column (b) ........ | Record total applications that are income eligible for reduced price benefits on October 1 only. |
| Row 3, Column (c) .......... | Record total students who are income eligible for free benefits on October 1 and October 31. |
| Row 3, Column (d) ......... | Record total applications that are income eligible for free benefits on October 1 only. |
| Row 4, Column (a) ........ | Record total students eligible for reduced price benefits. |
| Row 4, Column (c) .......... | Record total students eligible for free benefits. |
| Row 4, Column (d) ........ | Record total applications eligible for free benefits. |
| Row 5, Column (b) ........ | Record the number of error prone applications approved for reduced price benefits on October 1. |
| Row 5, Column (d) ........ | Record the number of error prone applications approved for free benefits on October 1. |

## Part 2.  Post-Verification Results
Record the current school year and the sponsor's number and name in the spaces provided at the top of the form.
Complete one row in the table for each application chosen for verification.

| | |
|---|---|
| Column (1) .................... | Count the verified applications and number them sequentially (i.e. 1 through 10).  Record the application's sequential number. |
| Column (2) .................... | Record the first and last names of the head of household. |
| Column (3) .................... | Record the number of students listed on the application. |
| Column (4a) ................... | Check (√) if the household was originally approved for reduced price benefits. |
| Column (4b) .................. | Check (√) if the household was originally approved as categorically eligible for free benefits. Categorical eligibility is based on a SNAP (i.e. formerly Food Stamps), TAF or FDPIR case number. |
| Column (4c).................... | Check (√) if the household was originally approved as income eligible for free benefits. Income eligibility is based upon household size and income. |
| Column (5a) .................. | Check (√) if verification resulted in changed to paid no response. |
| Column (5b) .................. | Check (√) if verification resulted in changed to paid responded. |
| Column (5c) .................. | Check (√) if verification resulted in changed to reduced price. |
| Column (5d) .................. | Check (√) if verification resulted changed to free. |
| Column (5e) .................. | Check (√) if there was no change in benefits. |
| Column (6) .................... | Enter the date that verification was completed |
| Column (7) .................... | Check (√) if the application was verified because there was cause to think it was incorrect or incomplete. An application verified "for cause" is in addition to those in the required verification sample. |
| Column (8) .................... | Check (√) if the application was directly verified DURING VERIFICATION using the Direct Certification list or FDPIR. |

# Part 3.  Post-Verification Data Check

The post-verification results page includes a data validation service. This allows users to check their data for any potential errors before the data is sent to USDA.

Step 1 .............................. Once the correct number of applications have been entered on the Post-Verification Results page in KN-CLAIM, a blue "Check Data" button will display. Click the "Check Data" button.

Step 2 ............................ The results of the data check will be compiled into a Validation Report. Click on "View Validation Report" to review possible errors associated with the verification data.

Step 3 .............................. Contact your Child Nutrition Consultant for assistance is resolving any data errors discovered during the data validation process.