

Sample Verification Selection Worksheet

School Year 2024-25

For **each household/student** selected, this worksheet **must** be completed and kept on file for audit purposes. Verification must be completed no later than **November 15** of each year.

Student/household application selected: _____ Date selected: _____

Names of all district students in household:

Prior to the household (HH) notification, someone other than the initial determining official must conduct a **confirmation review**. All applications selected for verification must have a confirmation review done **before** the HH is notified, to ensure that the original determination was made correctly. This must be documented. List the name of the person conducting the confirmation review and the date it was completed.

Name: _____ Date: _____

Selection Method: Standard Sample Size Alternate One

Response due: _____ Date second notice sent: _____

Note: *You must contact the HH at least once if they have failed to respond*

Date reduction/termination notice sent: _____ Date cafeteria notified of change: _____

SNAP/TFA Household

Confirmed

- SNAP/TFA Office
- Notice of Eligibility
- Other: _____

Not Confirmed

- Eligibility not confirmed

Income Household

Income: \$ _____ Frequency: _____

HH submitted:

- Wage Stubs
- Written Documents

Collateral Contacts

- Agency Records
- Other: _____

Verification Results

No change and remained (check one): Free Reduced

Change occurred:

- Reduced to free
- Reduced to denied
- Free to reduced
- Free to denied

Reason for change: High income No response SNAP/TFA eligibility not confirmed

Foster child eligibility not confirmed

Other: _____

Date eligibility change in effect: _____ Date cafeteria notified of change: _____

Signature of verifying official: _____ Date: _____

This institution is an equal opportunity provider.