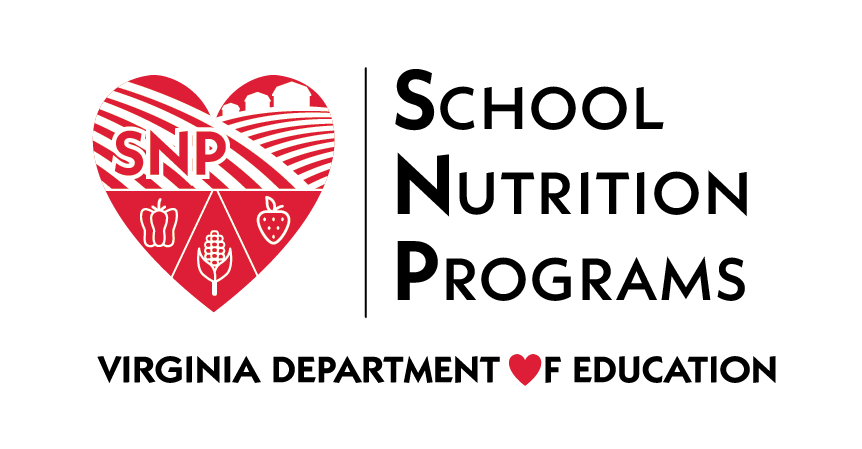
# Attachment A, SNP Memo #2020-2021-40

# January 15, 2020



## **2020 SFA Verification Report Checklist**

All SFAs participating in the National School Lunch Program (NSLP) must complete the SFA Verification Collection Report in SNPWeb by the extended deadline of March 15, 2021. SFAs and Residential Child Care Institutions (RCCIs) that are not required to complete verification must complete certain parts of the report.

The SFA Verification Collection Report is accessed in SNPWeb>Applications>Verification Report. Select *Modify* for 2020-2021 to create the report or to continue working with the report after it is created. Select *View* to see the data in the report without making changes.

**General Information**

*All SFAs complete this section.*

### **Section 1**

*All SFAs complete this section.*

* **Question 1-1** A and B: For schools only to report data as of October 31.
* **Question 1-2, 1-2a, and 1-2b**: For RCCIs to report data as of October 31.

### **Section 2**

*To be completed by SFAs with one or more schools operating a special provision (CEP, Provision 2 or 3). Fields should be grayed out if they do not apply to your SFA. SFAs with Provision 2 for breakfast only complete Question 2-5.*

* **Question 2-1 and 2-2**: Complete these questions if one or more schools participates in Provision 2 or 3 for **BOTH** School Breakfast Program (SBP) and NSLP.
* **Question 2-3**: Complete this question if one of more schools participates in CEP.
* **Question 2-4**: Not applicable in Virginia.
* **Question 2-5**: Complete this question if one or more sites participates in Provision 2 for breakfast only.

### **Section 3**

*All SFAs complete this section.*

* **Question 3-1**: Check this box if you are divisionwide CEP, an RCCI with no day students or an SFA with divisionwide Provision 2 or 3 for both breakfast and lunch in a non-base year. If you check the box, you are finished with this section.
* **Question 3-2**: Record the number of students directly certified as free. Do not include the students enrolled in CEP schools in this total. Do not include directly certified reduced students. This number should be larger than the number recorded in question 3-3.
* **Question 3-3**: Record the number of students certified as categorically eligible by “other” methods (TANF, Migrant, Homeless, Runaway, Head Start, Foster, and Directly Certified Medicaid **Free only**). Do **NOT** record Medicaid Reduced in this total.
* **Question 3-4**: All SFAs should report “0”.

### **Section 4**

*SFAs that collect household applications must complete this section. The number of applications reported in Column A must be as of* ***October 1*** *and the number of students reported in Column B must be as of* ***October 31****.*

* **Question 4-1**: Report the number of applications approved with a SNAP or TANF case number in Column A as of October 1, and the students in Column B as of October 31.
* **Question 4-2**: Report the number of applications approved as free based on income determination and household size in Column A as of October 1, and the students in Column B as of October 31.
* **Question 4-3**: Report the number of applications approved as reduced-price based on income determinations and household size in Column A as of October 1, and the students in Column B as of October 31.

### **T-1- Total Free Eligible Students Reported**

*This is a system generated total of the number of free eligible students reported in column B of questions 4-1 and 4-2.*

* If the total is incorrect, check the data.
* Exception: For partial CEP SFAs, the number of free eligible in T-1 will be less than the number reported in the October claim for partial CEP SFAs. This is because the claim and the SNPWeb Monthly Eligibility Report for October will include a calculated number of free eligible for CEP schools using the claiming percentage.

### **T-2 Total Reduced Eligible Student Reported**

*This is a system generated total number of reduced-price eligible students reported in column B of question 4-3.*

* If the total is incorrect, check the data entered.
* Do not report the number of Directly Certified Medicaid Reduced in this question or anywhere on the report.

### **Section 5**

*All SFAs Complete.*

* **Question 5-1:** Only SFAs that are not required to complete verification check this box. (SFAs with divisionwide CEP, RCCIs with no day students, and SFAs with divisionwide Provision 2 or 3 for both breakfast and lunch in a non-base year). If you checked the box, you have finished this section.
* **Question 5-2:** Select the radio button that accurately reflects when verification was completed. A corrective action plan must be submitted with the report if the verification the SFA did not meet the extended deadline of February 28, 2021.
* **Question 5-3:** All SFAs must select *standard*. Alternate sample sizes must be pre-approved.
* **Question 5-4:** Report the total number of error-prone applications in the application pool. This total should be available in the October 1 report of approved applications on file from SFA eligibility software.
* **Question 5-5:** This is a system-generated number of applications that must be selected for verification. This number is calculated using the number of approved applications in questions 4-1, 4-2, and 4-3 and multiplied by three percent and then rounded to the next whole number. If this number does not agree with the number generated from your local software, check the data in questions 4-1, 4-2, and 4-3. Contact your regional specialist with any questions.
* **Question 5-6:** Check this box if you conducted verification. Virginia SFAs did not choose direct verification.
* **Question 5-7:** Report “0” in A and B if you conducted verification.
* **Question 5-8:** This section captures the results of verification by original benefit type.
  + A. Free Categorically Eligible - Responses should be “0” because categorically eligible applications do not meet the verification qualifications of an error-prone application.
  + B. Income – Report the number of income applications selected for verification in column A and the number of students in column B for each type of result.

### **VC-1**

*Total number of applications verified for cause.*

* Enter the number of applications verified for cause plus the required sample of applications verified. Do not include these results in Question 5-8.

### **Corrective Action Plan Attachments**

*Attach the corrective action plan if required.*

* If you did not meet the extended deadline of February 28, 2021, you must submit a corrective action plan.
* A template for a corrective action plan is available in SNPWeb>Download Forms>VDOE Prototypes-Verification.
* Complete the corrective action plan and upload it as an attachment.