

Office of Child Nutrition 2024 Verification Webinar

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Director of Technical Assistance

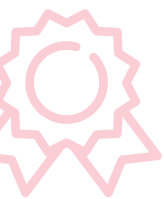
mdek12.org



MISSISSIPPI
DEPARTMENT OF
EDUCATION

September 2024





1

ALL Students Proficient and Showing Growth in All Assessed Areas



2

EVERY Student Graduates from High School and is Ready for College and Career



3

EVERY Child Has Access to a High-Quality Early Childhood Program

EVERY School Has Effective Teachers and Leaders

4



EVERY Community Effectively Uses a World-Class Data System to Improve Student Outcomes

5



EVERY School and District is Rated "C" or Higher

6



VISION

To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce, and to flourish as parents and citizens



MISSION

To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community

Eligibility Manual for School Meals Determining and Verifying Eligibility



USDA USDA Food and Nutrition Services
Child Nutrition Programs

July 18, 2017

Verification Requirements

2020-2021 Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Apply online

www.yourschooldistrict.com

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$ _____

How often? Weekly Bi-weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN

STEP 4 Contact information and adult signature. Return Completed Form To: YOUR CHILD SCHOOL/DISTRICT.

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

- ANNUAL VERIFICATION - Each LEA must annually verify eligibility of children from a sample of household applications approved for free and reduced-price meal benefits for that school

- **ERROR PRONE** - applications within \$100 per month of the applicable Income Eligibility Guideline
- **SAMPLE POOL** - the total number of applications approved as of October 1
- **SAMPLE SIZE** - the number of applications subject to verification

- Direct Certification (DC) Identified Students (Using MSIS data) or children documented as eligible migrant, runaway, homeless and foster children, and children participating in Head Start/Even Start
- Non-Pricing Schools
- CEP Schools
- Provision 1,2,3 Schools Not In Base Year

Verification Not Required For:

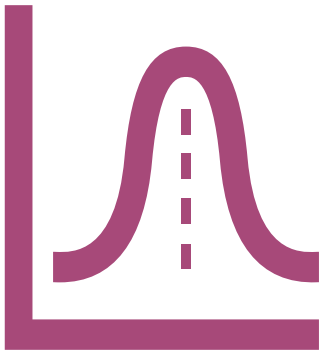
- FNS Approved Special Assistance Schools
- Children Residing At RCCI'S (Not Daytime Only Children)
- School Milk Program Only Schools

ESTABLISH THE SAMPLE POOL

- The sample pool uses the total number of approved applications
- on file as of October 1 of the current school year

ESTABLISH THE SAMPLE SIZE

- Basic
- Alternate One – requires State agency approval
- Alternate Two – requires State agency approval



ALTERNATE SAMPLE SIZE

If the LEA determines it is eligible, the LEA must contact the State agency in accordance with any procedures established by the State agency for approval prior to using an alternate sample size [7 CFR 245.6a(d)(4)].



VERIFICATION COMPLETION DEADLINES

The LEA must complete the verification activities specified in this section [7 CFR 245.6a(b)(1)] no later than November 15 of each school year.



- Pull your Sample
- Conduct Confirmation Reviews
- Send Letters Notifying the family they have been pulled for verification
 - Must submit documentation to support their continued eligibility
 - Failure to respond results in “Paid” status change

Notified in writing that their applications were selected for verification

Must include a telephone number for assistance (must be toll free or instructions regarding collect call)

Must be in an understandable and uniform format and, to the maximum extent practicable, in a language that parents and guardians can understand

Households must be advised of the type of information or documents the school accepts

Make at least one attempt to contact any household that does not respond to a verification request.

The name of a determining official who can answer questions and provide assistance

The Full USDA Nondiscrimination Statement.

If a child is receiving benefits based on income, a list of the types of acceptable information that may be provided to confirm current income:

If a child is receiving benefits based on categorical eligibility, an indication the household may provide proof that a child or any household member is receiving benefits.

A warning that information must be provided by a date specified by the LEA and that failure to do so will result in termination of benefits.

A notice that documentation of income or receipt of assistance may be provided from any point in time between the month prior to application and the time the household is required to provide income documentation.

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that [name(s) of child(ren)][is/are] eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM [State SNAP], [State TANF] OR [FDPIR] WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- [State SNAP] or [State TANF] or [FDPIR] Certification Notice that shows dates of certification.
- Letter from [State SNAP] or [State TANF] or [FDPIR] office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT [school, homeless liaison, or migrant coordinator] FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES [State SNAP] or [State TANF] or [FDPIR] benefits: Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received. Send information to: [address]

Acceptable papers include:

JOB: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Free and Reduced Price School Meals Application
We Must Check Your Application
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UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the [State TANF] office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation]. You may also e-mail us at [e-mail address].

Sincerely,

[signature]

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Free and Reduced Price School Meals Application
We Must Check Your Application
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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

Free and Reduced Price School Meals Application
We Must Check Your Application
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July 2017 - Language

Make at least one attempt to contact any household that does not respond to a verification request.

What ever method selected - must keep documentation on file

- Telephone Call,
- e-mail,
- Mail or
- In Person

- Written evidence is the primary source of eligibility confirmation for all households including TANF, FDPIR, Other Source Categorical Eligibility Programs, and foster child households. Written evidence is most often pay stubs from employers or award letters from welfare departments or other government agencies submitted to the verifying officials as confirmation of eligibility.





Send Initial Letter



Send 2nd Letter

The required follow-up attempt

- mail or e-mail) or
- Telephone



Receive Responses / Collect Documentation



MAKE DETERMINATION
SEND LETTERS AS NECESSARY



Implement Determination (After Hearing Period If A Denial)

END VERIFICATION EFFORTS (NOT LATER THAN 15 of NOVEMBER)

- Maintain Copies Of All Correspondence Efforts Should Tell A Chronological “Story” Between Household And Verification Official.
- Separate Folders – It Is Highly Recommended To Maintain A Separate Folder Of All Correspondence Between Households And SFA.
- Don’t Forget To Have A Copy Of The Approved Application As Well !

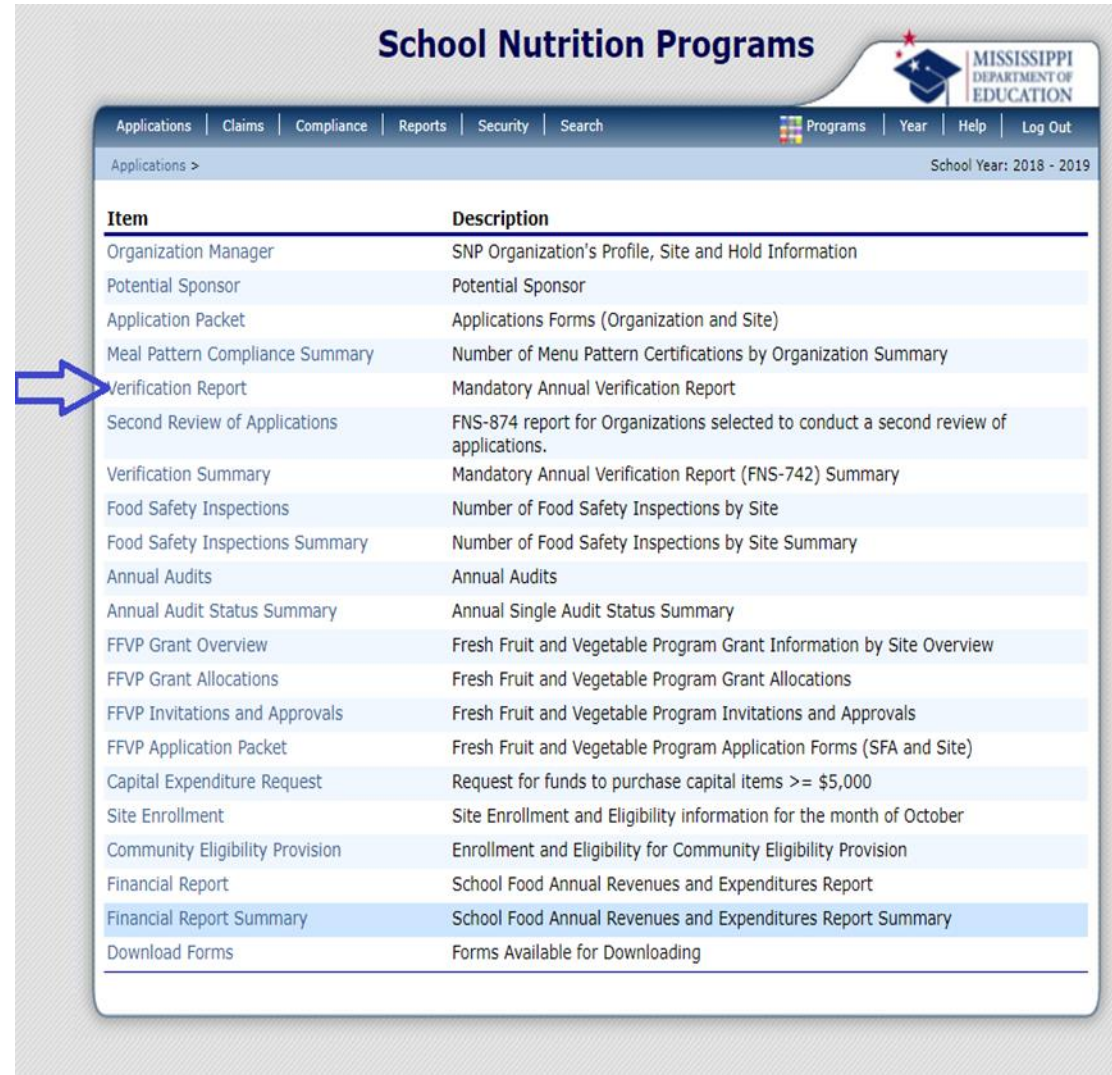
- The household submits either adequate written evidence or collateral contact corroboration of income or categorical eligibility.
- The household submits either adequate written evidence or collateral contact corroboration of income indicating that the children should receive either a greater or lesser level of benefits.
- The household indicates, verbally or in writing, that it no longer wishes to receive free or reduced-price benefits.
- The application provided case numbers. It is determined that no household member is receiving benefits from an Assistance Program.

- Proper Documentation - Should Be Clearly Evident To Any Reviewer Of All The Efforts Made In The Verification Process For Each Household

FNS 742 – must be completed in the “MARS” system

Even if you don't conduct Verification Activities, you **MUST** submit this report (so if you are CEP, RCCI, or Prov 2 Non Base year, you **STILL** have to do this report every year)

Verification Reporting in MARS - Instruction



The screenshot displays the 'School Nutrition Programs' interface within the MARS system. The page title is 'School Nutrition Programs' and it includes the Mississippi Department of Education logo. The navigation menu contains 'Applications', 'Claims', 'Compliance', 'Reports', 'Security', and 'Search'. The current page is 'Applications >' for the 'School Year: 2018 - 2019'. A table lists various items with their descriptions. A blue arrow points to the 'Verification Report' row.

Item	Description
Organization Manager	SNP Organization's Profile, Site and Hold Information
Potential Sponsor	Potential Sponsor
Application Packet	Applications Forms (Organization and Site)
Meal Pattern Compliance Summary	Number of Menu Pattern Certifications by Organization Summary
Verification Report	Mandatory Annual Verification Report
Second Review of Applications	FNS-874 report for Organizations selected to conduct a second review of applications.
Verification Summary	Mandatory Annual Verification Report (FNS-742) Summary
Food Safety Inspections	Number of Food Safety Inspections by Site
Food Safety Inspections Summary	Number of Food Safety Inspections by Site Summary
Annual Audits	Annual Audits
Annual Audit Status Summary	Annual Single Audit Status Summary
FFVP Grant Overview	Fresh Fruit and Vegetable Program Grant Information by Site Overview
FFVP Grant Allocations	Fresh Fruit and Vegetable Program Grant Allocations
FFVP Invitations and Approvals	Fresh Fruit and Vegetable Program Invitations and Approvals
FFVP Application Packet	Fresh Fruit and Vegetable Program Application Forms (SFA and Site)
Capital Expenditure Request	Request for funds to purchase capital items >= \$5,000
Site Enrollment	Site Enrollment and Eligibility information for the month of October
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Financial Report	School Food Annual Revenues and Expenditures Report
Financial Report Summary	School Food Annual Revenues and Expenditures Report Summary
Download Forms	Forms Available for Downloading

Verification Reporting in MARS

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- Step by Step instructions emailed every year

Non-Discrimination Statement

This institution is an equal opportunity provider.

Full Non-Discrimination Statement link:

<https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs>



USDA
United States Department of Agriculture

AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ascr.usda.gov/sites/default/files/USDA-CASCRHS20P-Complaint-Form-0508-0002-508-11-28-17Fac2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(833) 256-1665 or (202) 690-7442;
email:
program.intake@usda.gov.
This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027. Formúlese de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.ascr.usda.gov/sites/default/files/USDA-CASCRHS20P-Complaint-Form-0508-0002-508-11-28-17Fac2Mail.pdf>, en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

correo postal:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410, o
fax:
(833) 256-1665 o (202) 690-7442;
correo electrónico:
program.intake@usda.gov.
Esta institución ofrece igualdad de oportunidades.

Form AD-3027—Revised Notice of Federal September 2019



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