

**REQUIRED VERIFICATION TRACKER
FOR SCHOOL USE IN THE VERIFICATION PROCESS**

Complete and attach to each verified application

Application ID Number or Name _____

Date Checked by Confirming Official: (MUST be prior to letter to household) _____	
Signature or Initials of Confirming Official: _____ (Confirming Official cannot be Determining Official and must be designated on the CN Contact Attachment to the Policy Statement)	
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Date Verification Notice Sent: _____	Verifying Official Initials : _____
Date Response Due from Household: _____	
Date Second Notice Sent (or N/A): _____	Verifying Official Initials: _____
Approval Based On:	Additional Follow up attempt: _____ Initials: _____
<input type="checkbox"/> SNAP Case Number	Original Approval: Free <input type="checkbox"/>
<input type="checkbox"/> Foster Child Designation	Reduced <input type="checkbox"/>
<input type="checkbox"/> Household Size and Income	
Verification Result:	
<input type="checkbox"/> No Change	
<input type="checkbox"/> Free to Reduced	
<input type="checkbox"/> Free to Paid	
<input type="checkbox"/> Reduced to Free	
<input type="checkbox"/> Reduced to Paid	
Reason for Change:	
<input type="checkbox"/> Income: _____	
<input type="checkbox"/> Household Size: _____	
<input type="checkbox"/> Change in SNAP benefits	
<input type="checkbox"/> Did not respond	
<input type="checkbox"/> Other: _____	
Date Notice of Change Sent: _____	
Date Change Made: _____	
Date Hearing Requested: _____	
Hearing Decision: _____	
Verifying Official's Signature: _____	
Date: _____	