

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 Renewal of Policy Statement)

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: _____

- SNAP Case Number
- Foster Child Designation
- Household Size and Income

NOTES:

Verification Result:

- No Change
- Free to Reduced
- Free to Paid
- Reduced to Free
- Reduced to Paid

Reason for Change:

- Income: _____
- Household Size: _____
- Change in SNAP benefits
- Did not respond
- Other: _____

Date Notice of Change Sent: _____

Date Change Made: _____

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____

Date: _____