**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) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Verification Notice Sent: | \_\_\_\_\_\_\_\_\_\_\_\_\_ Verifying Official Initials : \_\_\_\_\_\_\_\_\_ |
| Date Response Due from Household: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Second Notice Sent (or N/A): | \_\_\_\_\_\_\_\_\_\_\_\_\_ Verifying Official Initials: \_\_\_\_\_\_\_\_\_ Additional Follow up attempt: \_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_ |
| **Original Approval Based On:** 1. SNAP Case Number **Original Approval:** Free ❑
2. Foster Child Designation Reduced ❑
3. Household Size and Income
 |
| **Verification Result:** 1. No Change
2. Free to Paid
3. Free to Reduced
4. Reduced to Free
5. Reduced to Paid
 | **NOTES on verification attempts and income calculations:**  |
| **Reason for Change:**1. Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Household Size: \_\_\_\_\_\_\_\_\_\_
3. Change in SNAP benefits
4. Did not respond
5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| Date Notice of Change Sent:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Change Made:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Hearing Requested:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hearing Decision:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Verifying Official’s Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Verification Completed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |