**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: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |