

School Division _____ Division No.: _____

Name of Person Completing Report _____

Were children directly certified for free meals using the Department of Social Services list? ' YES ' NO

Number of children directly certified _____

Method used to select verification sample: _____ [Enter: A (All) R (Random) F (Focused)]

Date Verification Began: _____ Date Verification Completed: _____

1. APPLICATIONS

a. Number of approved current applications on file 10-31-01 _____ (DO NOT INCLUDE STUDENTS APPROVED BY DIRECT CERTIFICATION)		
Application	Number of Applications COLUMN 1	Number selected for verification COLUMN 2
b. With Food Stamp/VA TANF Case No.		
c. Without Food Stamp/VA TANF Case No.		
d. Total	Col. 1 - (1b+1c)	Col. 2 - (2b+2c)
e. Number of Denied Applications		

2. ELIGIBILITY CHANGES AS A RESULT OF VERIFICATION

	Number of* Applications Verified	Number of *other children in family affected
a. No change in eligibility (reduced)		
b. No change in eligibility (free)		
c. Free to Reduced Price		
d. Reduced to Free		
e. Free to Full Price		
f. Reduced Price to Full Price		
g. Total	(2a+2b+2c+2d+2e+2f)	(2c+2d+2e+2f)

3. REASON FOR CHANGE

	Number of *Applications	Number of *Other Children in family affected
a. Income		
b. Invalid Food Stamp/VA TANF No.		
c. Refused to Cooperate		
d. Household Size		
e. Other		
f. Total	*(3a+3b+3c+3d+3e)	*(3a+3b+3c+3d+3e)

*FAMILY APPLICATIONS: record number of applications in first column to indicate one child. Record in Column 2 the number of other children in household affected by the verification.

4. **Racial/Ethnic Identity - Information based on the number of children processed for benefits on 10/31/01 (For family applications, count each child on approved application.) Household may have checked more than one block on meal application. Tabulate and record identity categories accordingly. NOTE: The totals reported in this Section (4) may exceed the number of applications on file due to multiple checks in the racial/ethnic identity section of the meal application.**

DO NOT INCLUDE DIRECT CERTIFICATION

Racial/Ethnic Identity	Approved Free	Approved Reduced	Denied
a. American Indian or Alaskan Native			
b. Asian			
c. Black or African American			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. Hispanic or Latino			
g. Not Hispanic or Latino			
h. TOTAL			

Verification must be completed by **12/15/01**

Report due: **January 20, 2002**

**Return to: Director
School Nutrition Programs
Virginia Department of Education
P. O. Box 2120
Richmond, Virginia 23218-2120**

Signature: Superintendent/Designee

Date