

Sample Verification Selection Worksheet

For **each household/student** selected, this worksheet **must** be completed and kept on file for audit purposes. Verification must be completed no later than **November 15** of each year.

Student/household application selected: _____ Date selected: _____

Names of all district students in household: _____

Prior to the household (HH) notification, someone other than the initial determining official must conduct a **confirmation review**. All selected applications for verification must have a confirmation review done **before** the household is notified to ensure that the original determination was made correctly. This must be documented. List the name of the person conducting the confirmation review and the date it was completed.

Name: _____ Date: _____

Selection Method: Standard Sample Size Alternate One

Response due: _____ Date second notice sent: _____

Note: You must contact the HH at least once if they have failed to respond

Date reduction/termination notice sent: _____ Date cafeteria notified of change: _____

<p>SNAP/TFA Household</p> <p>Confirmed</p> <p><input type="checkbox"/> SNAP/TFA Office</p> <p><input type="checkbox"/> Notice of Eligibility</p> <p><input type="checkbox"/> Other: _____</p> <p>Not Confirmed</p> <p><input type="checkbox"/> Eligibility not confirmed</p>	<p>Income Household</p> <p>Income: \$ _____ Frequency: _____</p> <p>HH submitted:</p> <p><input type="checkbox"/> Wage Stubs</p> <p><input type="checkbox"/> Written Documents</p> <p><input type="checkbox"/> Collateral Contacts</p> <p><input type="checkbox"/> Agency Records</p> <p><input type="checkbox"/> Other: _____</p>
---	---

Verification Results

No change and remained (check one): Free Reduced Date cafeteria notified of change: _____

Change occurred: Reduced to free Reduced to denied Free to reduced Free to denied

Reason for change: High income No response SNAP/TFA eligibility not confirmed

Foster child eligibility not confirmed

Other: _____

Date eligibility change in effect: _____ Date verifying official confirmed change in eligibility: _____

Signature of verifying official Date

This institution is an equal opportunity provider.

For more information, visit the Connecticut State Department of Education's (CSDE) [Verification Procedures for School Nutrition Programs](#) webpage or contact the [school nutrition programs staff](#) in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103. This form is available at <https://portal.ct.gov/SDE/Lists/Forms-School-Nutrition-Programs/Verification-Forms>