

Verification



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MISSISSIPPI
DEPARTMENT OF
EDUCATION

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Eligibility Manual for School Meals Determining and Verifying Eligibility



USDA USDA Food and Nutrition Services
Child Nutrition Programs

July 18, 2017

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2020-2021 Prototype Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

[Apply online:](#) www.yoursschooldistrict.com

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless Migrant Runaway
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. <u>Stand How to Apply for Free and Reduced Price School Meals</u> for more information.					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?

IF NO → Go to STEP 3. **IF YES** → Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (Including yourself)

Are you unsure what income to include here?

Flip the page and review the chart titled "Sources of Income for more information."

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

How often?

Child Income
\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐

All Adult Household Members (First and Last)

Earnings from Work	Public Assistance/ Child Support/Paternity	Pension/Retirement/ All Other Income
\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐
\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐
\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐
\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐	\$ _____ Weekly ☐ Biweekly ☐ Monthly ☐

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X Check if no SSN ☐

STEP 4 Contact Information and adult signature. Return Completed Form To: YOUR CHILD'S SCHOOL DISTRICT

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Street Address (if available) _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Agent # _____

- ANNUAL VERIFICATION - Each LEA must annually verify eligibility of children from a sample of household applications approved for free and reduced-price meal benefits for that school



Verification Terms To Know

- **ERROR PRONE** - applications within \$100 per month of the applicable Income Eligibility Guideline
- **SAMPLE POOL** - the total number of applications approved as of October 1
- **SAMPLE SIZE** - the number of applications subject to verification



Verification Activities Not Required For:

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- Direct Certification (DC) Identified Students (Using MSIS data) or children documented as eligible migrant, runaway, homeless and foster children, and children participating in Head Start/Even Start
- CEP Schools
- Provision 1,2,3 Schools Not In Base Year

Verification Not Required For:

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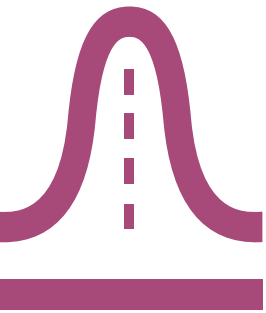
- FNS Approved Special Assistance Schools
- Children Residing At RCCI'S (Not Daytime Only Children)
- School Milk Program Only Schools

ESTABLISH THE SAMPLE POOL

- The sample pool uses the total number of approved applications on file as of October 1 of the current school year

ESTABLISH THE SAMPLE SIZE

- Basic
- Alternate One – requires State agency approval
- Alternate Two – requires State agency approval



VERIFICATION COMPLETION DEADLINES

The LEA must complete the verification activities specified in this section [7 CFR 245.6a(b)(1)] no later than November 15 of each school year.





- Pull your Sample
- Conduct Confirmation Reviews
- Send Letters Notifying the family they have been pulled for verification
 - Must submit documentation to support their continued eligibility
 - Failure to respond results in “Paid” status change

Notified in writing that their applications were selected for verification

Must include a telephone number for assistance (must be toll free or instructions regarding collect call)

Must be in an understandable and uniform format and, to the maximum extent practicable, in a language that parents and guardians can understand

Households must be advised of the type of information or documents the school accepts



Household Letter Must Include: 7 CFR 245.6a(f)

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Make at least one attempt to contact any household that does not respond to a verification request.

The name of a determining official who can answer questions and provide assistance

The Full USDA Nondiscrimination Statement.

If a child is receiving benefits based on income, a list of the types of acceptable information that may be provided to confirm current income:

If a child is receiving benefits based on categorical eligibility, an indication the household may provide proof that a child or any household member is receiving benefits.

A warning that information must be provided by a date specified by the LEA and that failure to do so will result in termination of benefits.

A notice that documentation of income or receipt of assistance may be provided from any point in time between the month prior to application and the time the household is required to provide income documentation.

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.

School: _____ Date: _____

Dear _____:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that [name(s) of child(ren)][is/are] eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM [State SNAP], [State TANF] OR [FDPIR] WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- [State SNAP] or [State TANF] or [FDPIR] Certification Notice that shows dates of certification.
- Letter from [State SNAP] or [State TANF] or [FDPIR] office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT [school, homeless liaison, or migrant coordinator] FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES [State SNAP] or [State TANF] or [FDPIR] benefits: Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received. Send information to: [address]

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

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UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the [State TANF] office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call [name] at [phone number]. The call is free. [Toll free or reverse charge explanation]. You may also e-mail us at [e-mail address].

Sincerely,

[signature]

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider."

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Follow-up attempts required

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Make at least one attempt to contact any household that does not respond to a verification request.

What ever method selected - must keep documentation on file

- Telephone Call,
- e-mail,
- Mail or
- In Person

- Written evidence is the primary source of eligibility confirmation for all households including TANF, FDPIR, Other Source Categorical Eligibility Programs, and foster child households. Written evidence is most often pay stubs from employers or award letters from welfare departments or other government agencies submitted to the verifying officials as confirmation of eligibility.



Verification Steps To Success

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Send
Initial
Letter



Send 2nd
Letter

The required
follow-up
attempt

- mail or e-mail) or
- Telephone



Receive
Responses /
Collect
Documentation



MAKE
DETERMINATION

SEND LETTERS
AS NECESSARY



Implement
Determination
(After Hearing
Period If A
Denial)

END VERIFICATION EFFORTS (NO LATER THAN 15 of NOVEMBER)

- Maintain Copies Of All Correspondence Efforts
 - Should Tell A Chronological “Story” Between Household And Verification Official.
- Separate Folders – It Is Highly Recommended To Maintain A Separate Folder Of All Correspondence Between Households And SFA.
- Don’t Forget To Have A Copy Of The Approved Application As Well !

- The household submits either adequate written evidence or collateral contact corroboration of income or categorical eligibility.
- The household submits either adequate written evidence or collateral contact corroboration of income indicating that the children should receive either a greater or lesser level of benefits.
- The household indicates, verbally or in writing, that it no longer wishes to receive free or reduced-price benefits.
- The application provided case numbers. It is determined that no household member is receiving benefits from an Assistance Program.

- Proper Documentation - Should Be Clearly Evident To Any Reviewer Of All The Efforts Made In The Verification Process For Each Household



Verification Collection Report

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FNS 742 – must be completed in the “MARS” system

Even if you don't conduct Verification Activities, you **MUST** submit this report (so if you are CEP, RCCI, or Prov 2 Non Base year, you **STILL** have to do this report every year)



Verification Reporting in MARS

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- Step-by-step instructions emailed



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