



RHODE
ISLAND

Eligibility Determinations and Verification

August 15, 2023

This institution is an equal opportunity employer.

Determining Meal Benefit Eligibility

Types of Eligibility Determinations

Eligibility for free or reduced-price meals can be determined in several different ways.

eDC

The process of matching student data with DHS data to obtain a list of students that automatically qualify for free meals.

Categorical Eligibility

Another means of automatically qualifying for free meals, based on the following categories: SNAP Letter, Homeless Student, Foster Student, Head Start.

Income Based

Eligibility is determined based on income information entered on a Meal Benefit Application.



Meal Benefit Application

Sample Meal Benefit Application prototype (updated June 2023).

Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:

RETURN TO (School/District Name):

ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

☐ NO → Go to STEP 3.

☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?				Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income

Weekly	Every 2 Weeks	2x Month	Monthly	Annual

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if available)	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zip	Phone (optional)
		Email (optional)

Return completed form to your child's school.



RIDE Rhode Island Department of Education

Determining Eligibility - Step 1

- The person completing the application should have listed all of the children who live in that household.
- Foster, runaway, and homeless children are automatically eligible for free meals.

Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:

RETURN TO (School/District Name):

ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.



Determining Eligibility - Step 2

- If 'No' is checked, there should not be any information to review in this step. Move to Step 3.
- If 'Yes' is checked, there should be a Case Number in the box.
- Case numbers can vary in length but should never be 16 digits.

STEP 2	Do any household members (including you) participate in: SNAP, TANF, or FDPIR?		
<input type="radio"/> NO → Go to STEP 3.	<input type="radio"/> YES → Write case number here and proceed to STEP 4.		
<table border="1"><tr><td>CASE NUMBER (NOT EBT NUMBER):</td><td><input type="text"/></td></tr></table>		CASE NUMBER (NOT EBT NUMBER):	<input type="text"/>
CASE NUMBER (NOT EBT NUMBER):	<input type="text"/>		
<small>Write only one case number in this space.</small>			

TANF stands for Temporary Assistance for Needy Families. In Rhode Island TANF is referred to as RI Works.

FDPIR stands for Food Distribution Program on Indian Reservations.

Determining Eligibility – Step 3A

- All adult household members should be listed here.
- If no income is listed next to a name, this should be accepted as zero income.
- If income is listed, the applicant must check off the frequency of income.
- If there is more than one income source and the frequencies are different, annualize the total.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Eligibility – Step 3A (cont'd) & 3B

- STEP 3A Continued
 - Total Household Members should equal children listed in Step 1 plus adults listed in Step 3.
 - Last 4 of SSN is required, or a check indicating no SSN.
- STEP 3B
 - Do not include infrequent earnings such as baby-sitting or mowing lawns.

Total Household Members (Children and Adults)	<input type="text"/>	Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Check if no Social Security Number	<input type="checkbox"/>	Please see application's back for list of income sources.		
B. Child Income Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.								
		Child Income	\$ <input type="text"/>	How often received?				
				Weekly	Every 2 Weeks	2x Month	Monthly	Annual
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The back of the application has a detailed list of possible sources of income for both children and adults.

Helpful Resources

Eligibility Manual for School Meals, Determining and Verifying Eligibility

Section 2: The Basis of Eligibility

Pages 23-24: Special Situations for Determining Household Composition

Page 26: Determining Household Reportable Income

Pages 27-29: Determining Household Reportable Income – Special Situations

Pages 31-33: Examples of Payments Excluded as Income



Determining Eligibility

Income Eligibility Guidelines (SY23-24)

Begin using
JULY 1, 2023

Federal Child Nutrition Programs
INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2023 through June 30, 2024

PLEASE NOTE: These Income Eligibility Guidelines *may not be given to parents/households* as per Federal Regulations.

HOUSEHOLD SIZE	FREE MEALS					REDUCED-PRICE MEALS				
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	18,954	1,580	790	729	365	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	55,500	4,625	2,313	2,135	1,068
5	45,682	3,807	1,904	1,757	879	65,009	5,418	2,709	2,501	1,251
6	52,364	4,364	2,182	2,014	1,007	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	93,536	7,795	3,898	3,598	1,799
For each additional family member, add...	+6,682	+557	+279	+257	+129	+9,509	+793	+397	+366	+183

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW



Determining Eligibility – Step 4

- Assure that the meal benefit application is signed and dated.

STEP 4

Contact information and adult signature.

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:

Insert school address here

"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 (confirm) 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."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Mailing Address (if available)

City

State

Zip

Phone (optional)

Email (optional)

Return completed form to your child's school.

Address, phone number, and email are not required information.

Determining Eligibility

- Completing racial and ethnic data on the back of the application is optional.

OPTIONAL Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.



Meal Benefit Application

The Use of Information Statement and Non-discrimination Statement are **required** to be included on the meal benefit application!

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.



Determining Eligibility

- Fill in all of the information you used to make the eligibility determination.
- Be sure the person who makes the determination signs and dates the form as the “determining official”.

The last step in completing the eligibility determination is completing the “For School Use Only” section on the back of the form.

DO NOT FILL OUT										For school use only.			
Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.													
Total Income		How often?					Household size		Categorical Eligibility		Eligibility		
<input type="text"/>		Weekly	Every 2 Weeks	Twice a Month	Monthly	Annual	<input type="text"/>		<input type="checkbox"/>		Free	Reduced	Denied
<input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Determining Official's Signature		Date		Confirming Official's Signature		Date		Verifying Official's Signature		Date			

Important Reminders

Keep the following points in mind when distributing meal benefit applications.

The following information must be made available with the meal benefit applications:

- Instructions
- Use of Information Statement
- Non-discrimination Statement

Household Letters that include the following information must also be made available with the meal benefit applications:

- Reduced-price guidelines
- Eligibility Information
- Contact Information (Homeless liaison, school/district contact)

Guidance and applications must be provided in any language or modality necessary:

- Applications translated in another language: <https://www.fns.usda.gov/school-meals/translated-applications>
- Audio recordings, Braille
- Assistance for those with Limited English Proficiency



Important Reminders

Keep the following points in mind when making eligibility determinations.

Categorical Eligibility is determined by one of the following means:

- Applicant enters a SNAP or RI Works number in Step 2 of the meal benefit application (include in verification pool)
- Applicant checks the box for Foster Child (include in verification pool)
- Applicant checks the box for Homeless Child (must be certified by school's Homeless Liaison, so NOT included in verification pool)

Income:

- If income is from different sources and varying frequencies, it must be converted to annual income
- Income fields left blank are a positive indication of zero income

Household Size:

- Number of household members should be the total number of children listed in Step 1 plus the total number of adults listed in Step 3
- If the total number written by the applicant does not match your count, follow up with the applicant



30-Day Carryover

In general, a student's eligibility status from the previous year can carryover into the first 30 days of the following school year. Here are some important points to keep in mind when carrying over eligibility.

Eligibility carryover for 30 operating days

- Include new students from households with children approved the previous year
- New applications must be processed within 10 days
- New eligibility determination goes into effect immediately

Children transferring to a new school at the beginning of the school year or in the summer

- **Within the same district:** Moving from a CEP school to a non-CEP school: Carryover free meal eligibility for up to 30 days
- **From a different district/independent school:** Moving from a CEP school to a non-CEP school: Encouraged to carryover free meal eligibility for up to 30 school days
- **From a different district/independent school:** New school is encouraged to use former school's eligibility determination for up to 30 school days

Mid-Year Transfers (Special Provisions):

- **Within same district:** Moving from a Special Provision school to a non-Special Provision school: Must carryover free meal eligibility for up to 10 days, and encouraged to carryover free eligibility for up to 30 days
- **From a different district/independent school:** Moving from a Special Provision school to a non-Special Provision school: May carryover free meal eligibility for up to 10 days, and encouraged to carryover free meal eligibility for up to 30 days



Letter families will receive from
DHS if child is on eDC match

Electronic Direct Certification (eDC)


Must be conducted at least 3 times per
school year

- Beginning of school year
- 3 months after beginning of school year
- 6 months after beginning of school year

Extend eligibility to other children in the
household who may not be on the list

- Use address matching to extend eligibility
- Send notification to family indicating all students
in household that will receive free meals

STATE OF RHODE ISLAND
P.O. BOX 8709
CRANSTON, RI 02920-8787



Date : 08/27/2022
Case Number

How to Contact Us
Go Online : <https://healthyrhode.ri.gov>

For questions about affordable health coverage or
human services programs, call Department of Human
Services at 1-855-MY-RI-DHS (1-855-697-4347)

Information Letter: Direct Certification
For FREE MEAL Benefits at School

Dear Parent or Guardian,

The RI Department of Human Services and the RI Department of Education have been working together to establish a simple Direct Certification process to benefit households and schools so that the eligible children will automatically receive FREE MEALS at school for the current school year without the paperwork burden. The Direct Certification process is authorized by law. This letter is to inform you that the child(ren) listed below have been approved for FREE MEALS based on Supplemental Nutrition Assistance Program (SNAP) or Rhode Island Works Program (RIW) eligibility.

Names:

This information is shared with your child(ren)'s school to streamline the process of receiving free meal benefits. Your child(ren) are automatically approved for FREE MEALS at school and you do not have to provide any further information or submit this letter to your child(ren)'s school.

If you and your child(ren) moved to a different RI school district between the end of the last school year and now, please confirm with your students' schools that they are automatically eligible for free school meals. You may be asked to provide a copy of this letter.



Direct Certification – Letter Method

Letter of Direct Certification

- Student lives in a household that receives SNAP benefits, but did not match with eDC
- Letter must be dated for the current school year

Letter families will receive from DHS if someone in household has SNAP, but child is not on the eDC match

STATE OF RHODE ISLAND
P.O. BOX 8709
CRANSTON, RI 02920-8787

Date : 08/27/2022
Case Number

How to Contact Us
Go Online : <https://healthyrhode.ri.gov>

For questions about affordable health coverage or human services programs, call Department of Human Services at 1-855-MY-RI-DHS (1-855-697-4347)

Letter of Direct Certification for Free Meal Benefits

Dear Parent or Guardian,

The RI Department of Human Services (DHS) and the RI Department of Education (RIDE) have simplified the application process to help you obtain free meals for your child(ren) listed below:

BRING THIS LETTER TO THE SCHOOL OR CHILD CARE AGENCY YOUR CHILD ATTENDS AND YOU WILL NOT NEED TO COMPLETE A FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION. Information is kept confidential and this letter will be filed in the office of the school or child care agency your child attends.

NOTE TO SCHOOLS AND CHILD CARE AGENCIES: This letter is in lieu of a meal benefit application and is not subject to verification.

CHILDREN ATTENDING SCHOOL
If the child listed above attends a school that participates in the National School Lunch Program, School Breakfast Program, After School Snack Program, or the Special Milk Program and you wish to receive this benefit, your child will automatically be eligible for free meal benefits.

CHILDREN ATTENDING CHILD CARE
If the child listed above attends a child care agency that participates in the Child and Adult Care Food program and you wish to receive free meal benefits, please take this letter OR A COPY IF THE CHILD ALSO ATTENDS SCHOOL to the child care agency she/he attends, and your child will automatically be eligible for free meal benefits.

During the year, you must notify the child care agency of any changes to your eligibility status.

IF YOUR CHILD DOES NOT HAVE HEALTH INSURANCE, she/he may be eligible for Medical Assistance through the Rite Care/Rite Share Program. For information or an application, call the Rite Care/Rite Share Infoline at 462-5300.



Electronic Direct Certification (eDC)

Notification of Direct Certification must be sent to households that qualify

NOTICE OF DIRECT CERTIFICATION

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive **[State SNAP]** or **[State TANF]**.

Name of Child	Name of School

If there are other children in your household who aren't listed above, *they also qualify for free meals.*

Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school
- You do not want your children to have free meals
- You have any additional questions

[name]

[phone number]

[e-mail address]

Sincerely,

[signature]

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.



Notification of Determination

Approval of free or reduced-price meals can be:

- Verbal (e.g. by phone or automated notification system)
- Written (e.g. email or postal mail)

Denial of benefits **MUST** be in writing!

Effective date of eligibility:

- May be the date of submission
- May be the date of approval
- Must be the same for all applications

Other notification points:

- Best practice to provide a reminder at the beginning of school year that free/reduced-price benefits end on specific date
- If benefits end because no application was submitted, do NOT send a notice of denial or adverse action

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren):

Your application was:

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at \$ _____ for lunch, \$ _____ for breakfast, and \$ _____ for snacks
- ☐ Denied for the following reason(s):
- ☐ Income over the allowable amount
 - ☐ Incomplete application because _____
 - ☐ Other _____

If you do not agree with the decision, you may discuss it with **[school official's name]** at **[phone number]** or at **[e-mail address]**. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

Sincerely,

[signature]

Name Title Date

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Activity

Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
 RETURN TO (School/District Name):
 ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name MI Child's Last Name Grade
 Foster Child Migrant Runaway Homeless
 If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO Go to STEP 3. YES Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): 4562589347851326

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last) Earnings from Work Public Assistance, Child Support, Alimony Pensions, Retirement, Social Security, SSI, VA Benefits, All Other
 Total Household Members (Children and Adults) Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) Check if no Social Security Number
 Please see application's back for list of income sources.

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

Bob Jones Signature of Adult 8/1/23 Today's Date
 Mailing Address (if available) City State Zip Phone (optional) Email (optional)

Return completed form to your child's school.

Example 1

slido



This application should be approved as 'Free' eligible.

ⓘ Start presenting to display the poll results on this slide.

Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
S u z y		J o n e s	0 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

☒ NO → Go to STEP 3. ☐ YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?					Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?				
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly	Weekly		Every 2 Weeks	2x Month	Monthly		
Bob Jones	\$ 600	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Lisa Jones	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Total Household Members (Children and Adults) 3

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) 0 1 0 1

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.

Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

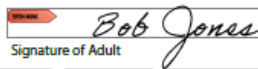
Child Income

\$ 1500

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"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 (confirm) 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."

Bob Jones		8/1/23
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Mailing Address (if available)	City	State
	Zip	Phone (optional)
		Email (optional)

Return completed form to your child's school.

Example 7



slido



This application should be approved as eligible for reduced-price meals.

ⓘ Start presenting to display the poll results on this slide.

Prototype Household Application for Free and Reduced Price School Meals

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

APPLY ONLINE:
 RETURN TO (School/District Name):
 ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name MI Child's Last Name Grade Foster Child Migrant Runaway Homeless
 Suzy Jones 03
 Check all that apply
 If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDIPI?

NO Go to STEP 3. YES Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER):
 Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last) Earnings from Work How often received? Public Assistance, Child Support, Alimony How often received? Pensions, Retirement, Social Security, SSI, VA Benefits, All Other How often received?
 Bob Jones \$1200 Weekly Every 2 Weeks 2x Month Monthly Annual \$ Weekly Every 2 Weeks 2x Month Monthly \$ Weekly Every 2 Weeks 2x Month Monthly
 Lisa Jones \$ Weekly Every 2 Weeks 2x Month Monthly \$ Weekly Every 2 Weeks 2x Month Monthly \$ Weekly Every 2 Weeks 2x Month Monthly
 Total Household Members (Children and Adults) 3 Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) 0 1 0 1 Check if no Social Security Number
 Please see application's back for list of income sources.

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.
 Child Income \$ Weekly Every 2 Weeks 2x Month Monthly Annual

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

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 (confirm) 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.

Print Name of Adult Signing the Form Signature of Adult Today's Date
 Mailing Address (if available) City State Zip Phone (optional) Email (optional)

Return completed form to your child's school.

Example 8

slido



**This application should be approved as is
for reduced-price meals.**

ⓘ Start presenting to display the poll results on this slide.

Verification

Verification Overview

Verification is the process of confirming a household's eligibility for free or reduced-price meals based on income or specific types of categorical eligibility.

Timeline

- Can be started October 1st (recommended!)
- Process must be complete by November 15th
- FNS-742 (Verification Report) due to RIDE by December 15th

Application Selection

- 3% of all new applications approved for free or reduced-price meals as of October 1st
- At least one application must be verified
- Must not verify more than 3%
- All selected applications must be verified
- Do not include directly certified students (eDC match or letter method) or Homeless students already verified by Homeless Liaison



Determining Sample Size

Below is an example of how to determine the correct sample size for verification.

School district has 125 approved applications subject to verification.

- You need to determine what 3% of 125 is.

$$125 \times .03 = 3.75$$

- You must always round up to the next whole number, even if the decimal is .01.

So, in this example, you would need to verify 4 applications.

- Remember, you must verify at least one application, even if 3% of your applications is less than one.
- Also remember, you should never verify more than 3% of your applications.



Selecting Applications

Once you know how many applications you need to verify, you need to select that number of applications from your application pool based on the guidelines here.

You must select from error prone applications first.

- Error-prone applications are applications with income information that falls within a certain dollar amount of the income guidelines. See the table for details.
- It is recommended to identify the error-prone applications during the approval process.
- You must select applications for verification from the pool of error-prone applications randomly.

What if there are not enough error-prone applications to meet the required 3%?

- If you do not have enough applications in the pool of error-prone applications to meet the required 3%, you must then select randomly from the rest of the approved applications subject to verification.
- If you do not have *any* error-prone applications, again, you must then select randomly from the pool of approved applications subject to verification.

Income Frequency	Error-prone w/in this amount
Weekly	~\$23
Bi-weekly	~\$46
Twice a Month	\$50
Monthly	\$100
Annually	\$1200

Confirmation Review

Before notifying families of the requirement to verify their application, the original application determination must be confirmed by someone other than the person who made the original determination. This person will be referred to as the “confirming official”.

The Confirming Official must do the following:

- Confirm whether the original eligibility determination was made correctly
- Sign and date the bottom of the application on the line designated for the confirming official

When to conduct a Confirmation Review:

- Required prior to verification if applications were processed manually
- Still recommended prior to verification even with an electronic application processing system
- Required for ALL applications received for the entire school year if you had a 10% or higher error rate on eligibility determinations in an administrative review in the previous school year



Confirmation Review

This table provides details on how to proceed with verification depending on the results of the confirmation review.

LEA Responsibilities Following a Status Change [7 CFR 245.6a(e)(1)(i)(A-C)]	
No Change in Status	The LEA verifies the application.
Status Change from Reduced Price to Free	The LEA: <ul style="list-style-type: none">• Makes the increased benefits available immediately;• Notifies the household of the change in benefits; and• Verifies the application.
Status Change from Free to Reduced Price	The LEA: <ul style="list-style-type: none">• Does not change the child’s status;• Verifies the application;• Notifies the household of the correct eligibility status after verification is completed and, if required, sends the household a notice of adverse action.
Status Change from Free or Reduced Price to Paid	The LEA: <ul style="list-style-type: none">• Immediately sends the household a notice of adverse action;• Does not verify the application;• Selects a similar application, such as another error prone application, for verification; and• Follows the confirmation review procedures for the selected application.

Notification of Selection

Use the following guidelines when notifying households of verification:

- Households must be notified in writing (see RIDE recommended letter to the right)
- Recommend sending letters as close to October 1st as possible
- Proof of income may be provided from the month prior to application to the time documentation is required
- Recommend giving no more than 2 weeks to respond
- Follow-up is required if they submit insufficient documentation or if they don't respond to the first notification
- Benefits will be terminated for failure to respond or failure to provide adequate 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]**



Reviewing Documentation

Be sure the documentation submitted includes all of the required information and is reviewed appropriately and accurately.

Income-Based Applications

- Household must submit proof of income from the time period of their original application for all income listed on the application
- Income must be calculated using gross income, NOT net income
- Include overtime pay only if it appears to be received on a regular basis
- Tax returns may be used for self-employed individuals

Categorically Eligible Applications (SNAP or RI Works)

- Household must submit official letter or notice of benefits
- Letter/notice must include certification period

Other Source Categorically Eligible

- Official letter, notice, or list from appropriate agency



Verification Results

Notify the family of verification results

- Recommend using template letter shown on the right
- Make appropriate change to benefit status:
 - Immediately or within 3 business days for an increase
 - A 10-day notice is required for a decrease in benefits
- Households may reapply for benefits at any time during the school year, as long as they provided the required documentation for verification

WE HAVE CHECKED YOUR APPLICATION

School: _____ Date: _____

Dear _____:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, your child(ren) is/are **no longer eligible** for free or reduced price meals for the following reason(s):
 - ___ Records show that no one in your household received **[State SNAP]** or **[State TANF]** benefits.
 - ___ Records show that the child(ren) is/are not homeless, runaway, or migrant.
 - ___ Your income is over the limit for free or reduced price meals.
 - ___ You did not provide: _____
 - ___ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **[State SNAP]**, **[State TANF]** or **[FDPIR]** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**, or **[e-mail]**.

Sincerely,

[signature]

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.



Recordkeeping

All documentation associated with verification must be retained for 3 years plus the current year.

Verification Documentation

- All letters sent to households
- Documentation of verbal communication
- Documentation submitted by families such as pay stubs or letters

In the event of an administrative review, RIDE will ask to see all of the above, as well as copies of the applications that were verified and an explanation of how you selected applications for verification.



Verification Report

FNS-742

Verification Reporting

Report is required even if no meal benefit applications are collected.

Report cannot be started until the verification process has been completed.

Report must be submitted online through CNP Connect.

Report is due annually on December 15th.



Completing the FNS-742

Log into CNP Connect to enter and submit the Verification Report (FNS-742).


Access the Application Menu by Clicking Here

Access the Verification Report by Clicking Here


School Nutrition Programs	
Applications Claims Reports Security Search	Programs Year Help Log Out
Applications >	School Year: 2023 - 2024
Item	Description
Sponsor Manager	SNP Sponsor's Profile, Site and Hold Information
Sponsor Application	Access to all program applications
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Food Safety Inspections	Number of Food Safety Inspections by Site
Food Safety Inspections Summary	Number of Food Safety Inspections by Site Summary
Paid Lunch Equity Tool	Paid Lunch Equity Tool
FFVP Invitations and Approvals	Fresh Fruit and Vegetable Program Invitations and Approvals
FFVP Application Packet	Fresh Fruit and Vegetable Program Application Forms (SFA and Site)
Capital Expenditure Request	Request for funds to purchase capital items >= \$5,000
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Financial Report	School Food Annual Revenues and Expenditures Report
Download Forms	Forms Available for Downloading

Completing the FNS-742

School Nutrition Programs


 **RIDE**
Rhode Island
Department
of Education

Applications | Claims | Reports | Security | Search

 Programs | Year | Help | Log Out

Applications > School Year: 2023 - 2024

Verification Report



Action	School Year	Received Date	Status
View Modify Admin	2023 - 2024		Not Started
View Admin	2022 - 2023	12/13/2022	Approved
View Admin	2021 - 2022	12/07/2021	Approved
	2020 - 2021		Not Started
	2019 - 2020		Not Enrolled

< Back


Click on Modify next to current School Year to open report

Completing the FNS-742

The verification report will open with the Verification Contact Information prepopulated from the Contact Information in the Sponsor Application.

There is also a reminder that the Due Date is December 15th.

School Nutrition Programs

 **RIDE** Rhode Island Department of Education

Applications | Claims | Reports | Security | Search

Programs | Year | Help | Log Out

Applications > Verification Report >

VIEW | MODIFY | INTERNAL USE ONLY

SFA Verification Collection Report
For School Year: 2023 - 2024

General Information

Type of Organization: Public

Verification Contact Information


1. Name:

Salutation

First Name

Last Name

2. Email Address:



3. Phone:

Ext:

Fax:

4. Title:

Business Manager

Due Date: December 15, 2023

Completing the FNS-742

Section 1 – Enter information as of the last operating day in October.

Line 1-1

- Column A – Total number of schools
- Column B – Total number of students

Line 1-2

- Column A – Total number of RCCIs
- Column B – Total number of students in RCCIs

Line 1-2a

- Column A – Total number of RCCIs with day students
- Column B – Total number of day students that attend those RCCIs

Line 1-2b

- Column A – Total number of RCCIs with no day students
- Column B – Total number of students in those RCCIs

Instructions

ANNUALLY, each SFA, including ALL RCCIs, with schools operating the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) must report verification information. All SFAs, including SFAs with all schools exempt from verification requirements, must complete applicable sections.

NOTE: SFAs that are Special Milk Only are exempt from filing an SFA Verification Collection Report.

Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students

All SFAs must report Section 1.
Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools OR Institutions	B. Number of Students
1-1 Total schools (Do not include RCCIs):	<input type="text" value="5"/>	<input type="text" value="0"/>
1-2 Total RCCIs (Do not include schools counted in 1-1):	<input type="text" value="0"/>	<input type="text" value="0"/>
1-2a RCCIs with day students (Report ONLY day students in 1-2aB):	<input type="text" value="0"/>	<input type="text" value="0"/>
1-2b RCCIs with NO day students:	<input type="text" value="0"/>	<input type="text" value="0"/>

Completing the FNS-742

Section 2 – For alternative provisions ONLY

PROVISION 2 ONLY

- **BASE YEAR** – Enter requested information in line 2-1 ONLY
- **NON-BASE YEAR** – Enter requested information in lines 2-2, 2-2a, and 2-2b ONLY

CEP ONLY

- Enter requested information in line 2-3 ONLY

Not Applicable in RI as of SY23-24

- Do not enter any information in lines 2-4 and 2-5

Section 2 - SFAs with schools operating alternate provisions

Only SFAs with alternative provisions must report Section 2.
Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools AND Institutions	B. Number of Students
2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:	<input type="text" value="0"/>	<input type="text" value="0"/>
2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:	<input type="text" value="0"/>	<input type="text" value="0"/>
2-2a Provision 2/3 students reported as FREE in a NON BASE year:		<input type="text" value="0"/>
2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:		<input type="text" value="0"/>
2-3 Operating the Community Eligibility Provision (CEP):	<input type="text" value="0"/>	<input type="text" value="0"/>
2-4 Operating other alternatives for NSLP and SBP:	<input type="text" value="0"/>	<input type="text" value="0"/>
2-5 Operating an alternate provision(s) for only SBP or only NSLP:	<input type="text" value="0"/>	<input type="text" value="0"/>



Completing the FNS-742

Section 3 – Direct Certification and Categorical Eligibility

Line 3-1

- Only applicable when all schools are Non-Base Year Provision 2 or CEP, or for RCCIs with no day students

Line 3-2

- eDC Match ONLY

Line 3-3

- Enter only students DIRECTLY CERTIFIED through another agency/program, such as DCYF or a Homeless Liaison

Line 3-4

- Enter only students that brought in a letter from DHS and did NOT appear on the eDC list

Section 3 - Students approved as FREE eligible NOT subject to verification

All SFAs must report Section 3 or check box 3-1 if applicable.

Report students approved FREE eligible as of the **last operating day in October**.

- 3-1 Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification **with SNAP** (i.e. NON BASE year Provision 2/3 or CEP for all schools). ☐

- 3-2 **Students directly certified through Supplemental Nutrition Assistance Program (SNAP):**
Do **not** include students certified with **SNAP** through the letter method.

- 3-3 **Students directly certified through other programs:**
Include those directly certified through Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on Indian Reservations (**FDPIR**), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials.
DO NOT include SNAP students already reported in 3-2.

- 3-4 **Students certified categorically FREE eligible through SNAP letter method.**
Include students certified for free meals through the family providing a letter from the **SNAP** agency.

**B. Number of
FREE Students**

Completing the FNS-742

Section 4 – This information is specifically about Meal Benefit Applications ONLY.

Line 4-1 (Students with case numbers ONLY)

- Column A – Applications as of October 1
- Column B – Students as of October 31

Line 4-2 (Free based on income ONLY)

- Column A – Applications as of October 1
- Column B – Students as of October 31

Line 4-3 (Reduced-price based on income ONLY)

- Column A – Applications as of October 1
- Column B – Students as of October 31

T-1 ad T-2 will auto-populate based on information entered above

Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application		
ALL SFA collecting applications must report Section 4. Report number of applications (A) approved as of October 1st. Report number of students (B) as of the last operating day in October.		
	A. Number of Applications	B. Number of Students
4-1 Approved as categorically FREE Eligible. Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application).	<input type="text" value="0"/>	<input type="text" value="0"/>
4-2 Approved as FREE eligible. Based on household size and income information.	<input type="text" value="0"/>	<input type="text" value="0"/>
4-3 Approved as REDUCED PRICE eligible. Based on household size and income information.	<input type="text" value="0"/>	<input type="text" value="0"/>
T-1 Total FREE Eligible Students Reported		0
T-2 Total REDUCED PRICE Eligible Students Reported		0

Completing the FNS-742

Section 5 – Verification Results

Line 5-1, possible exemptions include:

- RCCIs
- CEP schools
- Non-base year Provision 2 schools

Line 5-2

- Answer is based on when the verification process was complete by
- If you need an extension on the November 15th deadline, you must request this in writing

Line 5-3

- Click 'Basic'

Line 5-4

- Report total number of error-prone applications as of October 1

Line 5-5

- Report number of applications selected for verification

Line 5-6

- It is likely that you should check this box
- Skip 5-7 if 5-6 is checked

Section 5

ALL SFAs must report Section 5 or check box 5-1 if applicable

5-1

Check the box if ALL schools and/or RCCIs are exempt from verification.
(See instructions for list of exemptions.)

Instructions

☐

5-2

Was verification performed and completed?

☒ Yes, completed by November 15th

☐ Yes, completed after November 15th

☐ No, verification was NOT performed or the process was not completed

5-3

Type of Verification process used:

☒ Basic

☐ Alternate-Random

☐ Alternate-Focused

☐ No Verification Performed (Explain)

5-4

Total ERROR PRONE applications:
Report all applications as of October 1st considered error prone.

2

5-5

Number of applications selected for verification sample:

2

ALL SFAs must report 5-7 or check box 5-6 if applicable.

5-6

Check the box if direct verification was not conducted in the SFA.
(i.e. not one of the schools and/or RCCIs in the SFA performed direct verification.)
If 5-6 is checked, skip 5-7.

☒

5-7

Confirmed through direct verification: Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th.

A. Number of Applications

0

B. Number of Students

0

Completing the FNS-742

Section 5 – Verification Results Continued

Line 5-8, Section ‘A’

- Report on applications/students that were **categorically eligible**
- Report in the line(s) that correspond to the results of verification

Line 5-8, Section ‘B’

- Report on applications/students that were **free based on income**
- Report in the line(s) that correspond to the results of verification

Line 5-8, Section ‘C’

- Report on applications/students that were **reduced-price based on income**
- Report in the line(s) that correspond to the results of verification

5-8 Results of Verification by Original Benefit Type

For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4).

Do NOT include students and applications already reported in 5-7A or 5-7B (direct verification applications and students).

	A. FREE-Categorically Eligible Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application		B. FREE-Income Certified as FREE based on income/household size application		C. REDUCED PRICE -Income Certified as REDUCED PRICE based on income/household size application	
Result Category	a. Applications	b. Students	a. Applications	b. Students	a. Applications	b. Students
1. Responded, NO CHANGE:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Responded, Changed to REDUCED PRICE / FREE:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Responded, Changed to PAID:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. NOT Responded, Changed to PAID:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



Completing the FNS-742

Section 5 – Verification for Cause

Applications that are Verified for Cause would be above and beyond the 3% of applications required for the verification process.

- Verification for cause should be conducted when the LEA is aware of additional income or persons in the household
- LEAs are strongly encouraged to contact the household to clarify unclear information prior to verifying for cause
- Application must be approved “as is” while the verification process is conducted
- Follow standard verification procedures
- IF verification for cause is conducted, enter the number of applications in box ‘VC-1

VC-1 Total questionable applications verified for cause (Enter “N/A” if not applicable): Report the number of applications as of November 15th verified for cause in addition to the verification requirement.



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Thank You

