**VERIFICATION FORMS 2023-24**

**Supplementary Materials for the Verification Process**

The following resources will assist you in completing the verification process for school year (SY) 2023-24. All SFAs are required to complete verification if USDA Free and Reduced-Price Meal Applications were received by October 1, 2023.

**Verification Timeline for (SY) 2023-24**

**Verification Process**

* The sample size determined for verification is based on the number of current, approved applications on file as of **October 1, 2023**. Carryover applications from (SY) 2022-23 are excluded.  If no applications are on file as of October 1, only the Verification Collection Report is required.
* The verification process must be completed by **November 15, 2023.**
* The verification requirements are found in the USDA [**Eligibility Manual for School Meals**](https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/eligibility-manual.pdf) (https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/eligibility-manual.pdf).
* More information, templates and resources can be found on the [Verification webpage.](https://dpi.wi.gov/school-nutrition/program-requirements/verification)

**Verification Collection Report (VCR)**

* SFAs may begin to report the outcome of verification in [Online Services](https://dpi.wi.gov/nutrition/online-services) beginning **November 1, 2023**.
* When completing the VCR, the total number of enrolled students is as of **October 31**, **2023**.
* The VCR must be submitted online no later than **Feb 1, 2024**.

**The following resources are included in this packet:**

**Verification Sample Size Worksheets: 3 sampling methods**

* “Standard” Sample Size Worksheet (error-prone income applications, 3% of all apps)
* “Alternate – 1” Sample Size Worksheet (Randomly -3% of all applications)
* “Alternate – 2” Sample Size Worksheet (1% of all apps and .5% of all categorical approved apps)

**Verification Tracker form**

* Verification Tracker form is for school use only to record the verification process. Each selected household’s results are reported.

**“We Must Check Your Application” letter- send to households selected for verification**

* Sources of Income
* “We Must Check Your Application” letter (includes a list of acceptable papers to document income).

**Prototype verification forms – Collateral Contacts/Agency Records (optional)**

* Form household may have Employer complete (Collateral Contact)
* Form household may have Social Security Office complete (Agency Records)
* Form household may have FoodShare, W-2, or FDPIR Tribal Agency Office complete

**Prototype forms for Direct Verification (optional)**

* Direct Verification letter to the FoodShare, W-2 county office or Tribal Agency office from the LEA.
* Direct Verification form–FoodShare, W-2 Cash Benefits or FDPIR recipients.

**Notify household(s) of verification results**

* “We Have Checked Your Application” letter

**Fair Hearing procedure**

* [Fair Hearing Procedure](https://dpi.wi.gov/sites/default/files/imce/school-nutrition/pdf/hearing-procedures.pdf)

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# STANDARD SAMPLE SIZE WORKSHEET

Standard sample size must be used by all SFAs unless the SFA qualifies to use one of the alternate sample sizes.

**This sampling method *is required* if:**

The preceding school year the verification *non-response rate was* ***20% or greater***

DPI will notify SFAs in September of each year if they are required to do the

Standard Sample Size for verification due to non-response rate of 20% or greater.

**Required Sample Size**

**\_\_\_\_\_\_\_\_\_\_\_\_ Total number of all approved free & reduced-price applications on file on *October 1***

**X .03 Multiply by 3%**

**\_\_\_\_\_\_\_\_\_\_\_\_ (ROUND all decimals up to next whole number) = \_\_\_\_\_\_\_ to be verified OR 3,000 applications *whichever is less***

Once the sample size is determined, applications are *randomly selected* first from the *error-prone applications*. “Error-prone applications” are those with reported income within $100 monthly or $1,200 yearly of the free and reduced price income eligibility levels.

If there are not enough error-prone applications to complete the sample size, the remainder of applications to be verified are *randomly selected* from all other applications until the required number of applications are chosen.

**Example: Must select at least one application: if 3% of total is less than one.**

(.03 X 15 applications = .45 = verify 1 application)

# ALTERNATE 1 SAMPLE SIZE WORKSHEET

This sampling method can only be selected by SFAs with a *non-response rate* of **less than 20%** in the previous school year

OR

Large SFAs with more than 20,000 children approved for free and reduced price meals by application and have an improved non-response rate. The non-response rate for the previous school year must be at least 10% below the non-response rate for the second preceding school year.

**Required Sample Size of All Applications to Verify**

**\_\_\_\_\_\_\_\_\_\_\_\_ Total number of all approved free & reduced-price applications on file as of *October 1***

**X .03 Multiply by 3%**

**\_\_\_\_\_\_\_\_\_\_\_\_ (ROUND all decimals up to the next whole number) = \_\_\_\_\_\_\_\_\_\_ to be verified OR 3,000 applications *whichever is less***

Randomly select the required number of applications to be verified from all approved applications.

For this sampling method: all applications (both categorically eligible via FoodShare/SNAP, W-2 cash benefits/TANF, or FDPIR case numbers, foster child application and income eligible) must have an equal chance of selection for verification.

**Example: Must select at least one application: if 3% of total is less than one.**

(.03 X 5 applications = .15 = 1 application)

# ALTERNATE 2 SAMPLE SIZE WORKSHEET

This sampling method can only be selected by a SFA with a non-response rate of **less than 20%** in the previous school year.

OR

Large SFAs with more than 20,000 children approved for free and reduced price meals by application and have an improved non-response rate. The non-response rate for the previous school year must be at least 10% below the non-response rate for the second preceding school year.

Applications for verification must be selected from approved income applications AND case number/Foster Care applications.

**➀ Required Sample Size of Income Applications to verify**

**\_\_\_\_\_\_\_\_\_\_\_\_ Total number of all approved free & reduced-price household applications (income and categorical eligible) on file as of *October 1***

**X .01 Multiply by 1%**

**\_\_\_\_\_\_\_\_\_\_\_\_ (ROUND all decimals up to next whole number) = \_\_\_\_\_\_\_\_\_\_ to be verified or 1,000 applications, *whichever is less***

**Must select at least one application even if 1% of total is less than one, for example**

.01 X 75 applications = .75 = verify 1 application

Randomly select the above number of applications from error prone applications (those with reported income within $100 monthly or $1,200 yearly of the free and reduced price eligibility guidelines). If there are not enough error prone applications continue randomly selecting applications until the required total number of applications are chosen.

**PLUS**

**➁** **Required Number of Case Number Applications to verify** (FoodShare/SNAP, W-2 cash benefits/TANF or FDPIR) and foster child applications

**\_\_\_\_\_\_\_\_\_\_\_\_** **Total # of approved case # & foster care applications on file on *October 1***

**X .005 Multiply by .05% (one half of 1%)**

**\_\_\_\_\_\_\_\_\_\_\_\_ (ROUND all decimals up to next whole number) = \_\_\_\_\_\_\_\_\_\_ to be verified or 500 applications, *whichever is less***

From the case number applications, randomly select applications for verification until the required total number are chosen.

**Must select at least one application even if .05% of total is less than one, for example**

(.005 X 180 applications = .90 = verify 1 application)

# VERIFICATION TRACKER FORM - SCHOOL USE ONLY

**The purpose of this form is to track the verification process. Use a separate tracker form for each application selected for verification. Include a copy of the application with this tracker form.**

| **Step 1- Verifying Official** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| Datewhen the sample pool was completed, and verification was started |  |
| Circle the sample method used | Standard, Alternate 1 or Alternate 2 |
| Circle how applications were selected | Software system or Manual |
| Number of application(s) selected for the verification process |  |
| Was this application in addition to the sample pool – ***Verification for Cause*** | Yes or No |

| **Step 2- Confirming Official** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| Check the initial eligibility of the application |  |
| **Sign and date** the reverse side of the ***application*** or this ***tracker* *form*** |  |

| **Step 3 - Verifying Official** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| List date of the initial eligibility determination |  |
| Was Direct Verification conducted | Yes or No |
| Date **“*We Must Check Your Application”*** notice is sent to household |  |
| Date response is due back from household |  |
| Date follow-up notice(s) was sent to a non-responding household, if applicable |  |
| When **ALL** verification documentation was reviewed; **sign and date** |  |

**Step 4 - Verification Results**

* Free - Responded, NO CHANGE
* Free - Responded changed to reduced
* Free - Responded changed to paid
* Reduced - Responded, NO CHANGE
* Reduced - Responded, changed to free
* Reduced - Responded changed to paid
* Not Responded - Changed to paid

| **Step** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| Date “***We Have Checked Your Application****”* letter was sent |  |
| Date eligibility change was made in POS and on the Benefit Issuance list |  |
| **Sign and date** the reverse of the ***application*** or ***tracker form*** |  |
| If a ***Hearing*** was requested by household, note the date (Original benefit status remains during the hearing process) |  |

**Step 5- Complete Verification Collection Report (VCR)**

Report on [**VCR**](https://dpi.wi.gov/school-nutrition/program-requirements/verification) the results of verification. The **VCR** is due by **February 1.** Complete the **VCR** as soon as the verification is complete.

Note: If applicable, keep copies of original documents submitted by household and return the original copies back to households. Supporting documentation is required to be kept with application(s) that was selected for verification.

# SOURCES OF INCOME

Please provide documentation for income received by members of your household (including children) from all of these sources. If you omitted any of these sources from your application, include them now.

**Earnings from Work**

* Salary or wages from a job
* Tips, commissions, and cash bonuses
* Net income from self-employment

**Earnings from the U.S. Military**

* Military basic pay or drill pay (portion available to the household if deployed)
* Military cash bonuses (excluding combat pay)
* Allowance for off-base housing (including BAH but excluding MHPI)
* Allowance for food or clothing (other than FSSA)

**Public Assistance**

* Supplemental Security Income (SSI)
* Cash assistance from State or local government
* Housing subsidies (not including those from federal housing programs)

**Alimony and Child Support**

**Retirement Income**

* Social Security retirement or survivor’s benefits
* Railroad Retirement or Black Lung benefits
* Pension income

**Unemployment and Disability**

* Unemployment benefits
* Worker’s compensation
* Strike benefits
* Social Security Disability Insurance (SSDI)
* Veteran’s benefits

**All Other Income**

* Regular cash support from outside the household, including from family or friends
* Rental income
* Interest
* Investment income or annuities
* Any other source of income that you can use to help pay for your children’s school meals

**Child income** (Child income is money received from outside your household that is paid directly to your children. Many households do not have any child income.)

* A full-time or part-time job
* Supplement Security Income (SSI), if the child is disabled
* Social Security benefits for children of a disabled, retired, or deceased parent
* Money regularly received from extended family or friends outside the household
* Money from a pension, annuity, or trust

# WE MUST CHECK YOUR APPLICATION-FOR VERIFICATION ONLY

Dear **[household adult(s)]:** Date:

Your application was approved and [student names] is/are currently receiving free/reduced price meal benefits. However, there is one last step that you need to take. Each year we select different meal applications to confirm eligibility. This year, your household is selected. Please send us documents to confirm your eligibility.

To confirm eligibility, please provide copies of the required documenation based on your childs qualification, see below. Send copies of the documentation, not original papers.

**Send information to: [name of Verifying Official] by [insert due date].**

**Send this information via ONE of the following methods:**

* Take pictures of the requested documents with your phone/camera and email them to [e-mail address]. Include a picture of this page.
* OR mail documents along with this page to [school address]. If possible, please send copies, do not send originals.
* OR come in person to the office located at [school address] to drop off copies of the documents. Bring this letter with you.

**If you do not provide the information requested or provide incomplete information, your child(ren) may no longer be eligible for free or reduced-price meal status.**

**REQUIRED DOCUMENTATION:**

1. **If you were receiving benefits from FoodShare, Wisconsin Works (W-2) Cash Benefits or Food Distribution program on Indian Reservations** (**FDPIR)** **when you applied for free or reduced price meals, or at any**

**time since then:**

Provide a copy of your FoodShare or W-2 Cash Benefits or FDPIR Certification Notice that shows dates of certification Letter from FoodShare or W-2 Cash Benefits or FDPIR office that shows dates of certification. Do not send your EBT (QUEST) card.

1. **If you get this letter for a CHILD WHO IS homeless, migrant, or runaway, or A child enrolled in head start**, PLease contact [school, homeless liaison, or migrant coordinator] for ASSISTANCE.
2. **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.

1. **If no one in your household receives FOODSHARe** **or W-2 CASH BENEFITS or FDPIR AND QUALIFIED BASED ON HOUSEHOLD INCOME:**

Provide the documents that show the amount of money your household gets from each source of income. Please provide copies of your original documents. 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.

*Acceptable papers include:*

* ***Jobs:*** Paycheck stub or documentation that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid. If you are self-employed, provide copies of documents such as ledger, tax books or Tax Form 1040 (i.e., Schedule C or Schedule F).
* ***Social Security, Pensions, or Retirement****:*Social Security retirement benefit letter, statement of benefits received, or pension award notice. Or, you can send the “Statement of Social Security and/or Supplemental Security Income” page, completed by an official.
* ***Unemployment, Disability, or Worker’s CompENSATION****:* Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.
* ***Child Support or Alimony****:* Court decree, agreement, or copies of checks or bank statement showing the amount received.
* ***Other income (such as rental income)****:*Information that shows the amount of income received, name of person who received, how often it is received, and the date received.
* ***No income****:* A brief note explaining how you provide for your household expenses (food, clothing, and housing, etc.) 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.

If you have questions or need assistance, 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]**

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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/ad-3027.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:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [Program.Intake@usda.gov](mailto:program.intake@usda.gov)

 This institution is an equal opportunity provider.

**Form household may have Employer complete**

# STATEMENT OF EARNINGS

This statement is to confirm that *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee’s name)* received the following   
  
amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****gross*** *income* ***before*** *deductions for taxes, social security insurance, etc*.*)*

This income is received:

* Weekly
* Biweekly
* Twice a month
* Monthly
* Yearly
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the date of the paycheck listed above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Employer/Title/Business Name Date

Address City/State/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

**Form household may have Social Security Office complete**

# STATEMENT OF SOCIAL SECURITYAND/OR SUPPLEMENTAL SECURITY INCOME (SSI)

This statement is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of Claimant)* received the   
  
following amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**gross** benefits from Social Security)   
  
or $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (of SSI income) for the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature/Title of Official/Agency Date

Address City/State/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

**Form household may have FoodShare, W-2, or FDPIR Office complete**

# STATEMENT OF FOODSHARE (SNAP), W-2 Cash Benefits (TANF), or FDPIR benefits

**Name of Parent or Guardian requesting documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Insert Name of Adult/Child/Children** | **Case Number for**  **FoodShare, W-2 Cash Benefits or FDPIR** | **Start Date of Benefits (and/or end date if terminated)** |
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This statement is to confirm that the person(s) named above are currently certified (or were at the time of application for meal benefits) to receive FoodShare, W-2 Cash Benefits, or FDPIR.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Title of FoodShare (SNAP), Date

W-2 Cash Benefits (TANF) or FDPIR Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City/State/Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number/Email

**To FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR Office from the Local Educational Agency (LEA)**

# DIRECT VERIFICATION LETTER

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

The receipt of FoodShare (SNAP), W-2 Cash Benefits (TANF) or FDPIR automatically qualifies children for free school meals. The regulations for these programs permits the offices to release eligibility information to administrators of the National School Lunch and School Breakfast Programs to ensure that only eligible children receive free meal benefits.

Enclosed is a listing of approved free meal applicants who have been selected for verification and who have indicated that the child for whom application was made receives FoodShare, W-2 Cash Benefits or FDPIR benefits. On the enclosed listing, please indicate if the child **was or is currently** a member of a household certified to receive any of these program benefits. The School Food Authority needs to determine if the households were certified for benefits using the most recent information available (not older than 180 days prior to the date of the application) or information from the month prior to application through the month direct verification is conducted. Therefore, we request that you indicate the date the household was certified to begin benefits and the date benefits were terminated, if applicable. This information will be used only to confirm the applicant’s eligibility for free meal benefits.

Your return of the listing by\_\_\_\_\_\_\_\_\_\_\_ *(date)* is appreciated. If you have any questions or need additional information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name)* at the following telephone number or email.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City/State/Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Telephone Number Fax Number

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Email

Enclosure: Direct Verification Form- FoodShare (SNAP), W-2 Cash Benefits (TANF) or FDPIR

**FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDPIR office**

# DIRECT VERIFICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name**  Last name, first name, middle initial (if applicable) | **Case Number**  FoodShare,  W-2 Cash Benefits, or FDPIR | **Start Date of Benefits** | **Date Benefits Terminated** (if applicable) |
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If the child listed is not currently receiving benefits (or has not been within the past 180 days) please indicate “**no**” in the **Start Date of Benefits** column.

Signature/Title of FoodShare, W-2 Cash Benefits or FDPIR Official Date

Address City/State/Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number/Email

# WE HAVE CHECKED YOUR APPLICATION-FOR VERIFICATION ONLY

Dear **[household adult(s)]:** Date:

Thank you for submitting the requested documents to confirm meal eligibility for **[name(s) of child(ren)].**

The information has been reviewed, and it has been determined 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.
* Starting **[10 calendar days from this letter date]**, your child(ren)’s eligibility will be changed from free to reduced because your income falls in the reduced eligibility limits.
* Starting **[10 calendar days from this letter date]**, your child(ren) is no longer eligible for free or reduced for the following reason(s):

\_\_\_ Records show that no one in your household received **FoodShare** or **W-2 Cash Benefits**.

\_\_\_ Records show that the child(ren) is/are not homeless, runaway, or migrant.

\_\_\_ Your income is over the limit for free or reduced eligibility.

\_\_\_ You did not provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ You did not respond to the request for verification information.

If your household income goes down or your household size goes up, you may apply again. If you were denied benefits because no one in the household receivedFoodShare orW-2 CashBenefitsorFood Distribution Program on Indian Reservations **(**FDPIR)benefits, you may reapply based on income eligibility. If you choose to reapply for meal benefits, proof of current eligibility will be required.

If you disagree with this decision, you may discuss it with **[name of verifying official]** at **[phone]** or **[e-mail]**. You also have the right to a fair hearing. If you request a hearing by **[date = 10 calendar days from date of letter]**, your child(ren) will continue to qualify for 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 of hearing official]**, **[address]**, **[phone number], or [e-mail].**

Sincerely,

**[Signature]**

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/ad-3027.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:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [Program.Intake@usda.gov](mailto:program.intake@usda.gov)

 This institution is an equal opportunity provider.

# Fair Hearing Procedure - Free and Reduced-Price Meals or Free Milk

**For Determining, Verifying, and Hearing Officials**

Per the Permanent Agreement/Policy Statement that each school food authority (SFA) agrees to when completing the online contract with the Department of Public Instruction (DPI)-School Nutrition Team (SNT), each local educational agency (LEA) of a school participating in the National School Lunch Program, School Breakfast Program, or the Special Milk Program agrees to establish a hearing procedure that meets all of the requirements of USDA regulations 7 CFR 245.7. The Fair Hearing Procedure should be used when households appeal either a determination of benefits (the decision made by the LEA with respect to the households free and reduced price meal application) or a decision based on the verification of benefits (the continuation of benefits).

Prior to initiating the hearing procedure, the school official, the parent(s) or the guardian may request a conference to provide an opportunity for the parent(s)/guardian and school official(s) to discuss the situation, present information, obtain an explanation of data submitted in the application, and decisions rendered. Such a conference shall not in any way show prejudice nor diminish the right to a fair hearing. If the household appeals the adverse action within the 10 day advance notice period, the child who was determined to be eligible based on the face of the application submitted will continue to receive free or reduced price meals or free milk during the appeal and hearing.

The hearing procedure shall provide the following for both the household and the LEA:

* A simple, publicly announced method to make an oral or written request for a hearing;
* An opportunity to be assisted or represented by an attorney or other person;
* An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal;
* That the hearing shall be held with reasonable promptness and convenience, and that adequate notice shall be given as to the time and place of the hearing;
* An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference;
* An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
* That the hearing shall be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or in any previously held conference;
* That the decision of the hearing official shall be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record;
* That the parties concerned and any designated representative shall be notified in writing of the decision of the hearing official;
* That a written record shall be prepared with respect to each hearing, which shall include the challenge or the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official, including the reasons therefore, and a copy of the notification to the parties concerned of the decision of the hearing official; and
* That the written record of each hearing shall be preserved for a period of 3 years and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during that period.

Wisconsin Department of Public Instruction

School Nutrition Programs