Free and Reduced Price Meal Application Attachment 10
Income Verification Documentation **2001-2002**

Complete this form and return to: New York State Education Department, Child Nutrition Program Administration, Room 55, Education Building, Albany 12234 or FAX to: (518) 473-0018.

SCHOOL FOOD AUTHORITY_____
LOCAL EDUCATION AGENCY CODE _____

Verification is based on the number of application forms correctly approved for free and reduced price meals for the current school year. **NOTE:** An application form may contain more than one child's name, but it is still considered one application for purposes of meeting the verification requirement.

A. Indicate which method the district used for meeting the verification requirement and complete all information under the type you have checked. (Check one only.)

☐ 1. RANDOM SAMPLE - A minimum of 3 percent of total applications on file:

Total approved applications on file*..... _____
Total applications verified..... _____

☐ 2. FOCUSED SAMPLE - A minimum of 1 percent of total applications on file, to be chosen from the non-foodstamp applications within $100 below the monthly or $1,200 annually eligibility scale, plus a minimum of .5 percent of the total applications on file which contain information regarding food stamps or Aid to Dependent Children/Temporary Assistance to Needy Families (ADC/TANF), or the Food Distribution Program on Indian Reservations (FDPIR).

Total approved applications on file*..... _____
Total non-foodstamp/TANF/FDPIR applications verified..... _____

PLUS

Total foodstamp/TANF/FDPIR approved applications on file..... _____
Total foodstamp/TANF/FDPIR applications verified..... _____

NOTE: When calculating numbers of applications to be verified, round all decimals up to the next whole number (e.g., 2.1 = 3).

B. Indicate the number of children (not applications) included in the verification process. (Changes in category must affect all participating members in the verified family; if you have more than one child on the application form, or in the verified family, report all children enrolled. For example, one application form containing three children would count as three.)

1. Number of children changed from free to reduced price..... _____
2. Number of children changed from free to full price..... _____
3. Number of children changed from reduced price to free..... _____
4. Number of children changed from reduced price to full price..... _____
5. Number of children terminated due to No response…….. _____
6. Number of children whose eligibility was not changed..... _____

CERTIFICATION
I certify the above information to be correct to the best of my knowledge

_____ _____
Signature Title

_____ _____
Area Code Office of Telephone Number Date

*** Do not include Direct Certification Letters. Count ONLY APPLICATIONS.**