

## **Division of Child Care and Early**

## **Childhood Education**

**Health and Nutrition Programs** 

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## SAMPLE VERIFICATION SELECTION WORKSHEET

For <b>each household/student</b> selected, this worksheet for audit purposes. Verification must be completed no	or an equivalent form <b>must</b> be completed and kept on file a later than <b>November 15</b> of each year.	
Student/Household Application Selected:	Date Selected:	
Names of all district students in household:		
Prior to the household (HH) notification, someone other than the initial determining official must conduct a <b>confirmation review</b> . All selected applications for verification must have a confirmation review done <b>before</b> the household is notified to ensure that the original determination was made correctly. This must be documented. List the name of the person conducting the confirmation review and the date it was completed.		
Name:	Date:	
Selection Method: Standard Sample Size Alter	nate One Alternate Two	
Response Due: Date Second Notice Sent:		
Note: You must contact the HH at least once if they have failed to respond		
SNAP/TFA Household  Confirmed  SNAP/TFA Office  Notice of Eligibility Other:	Income Household Income: \$ Frequency: HH submitted: Wage Stubs Written Documents	
Not Confirmed  Eligibility not confirmed	☐ Collateral Contacts ☐ Agency Records ☐ Other:	
VERIFICATION RESULTS  ☐ No change and remained (check one): ☐ Free ☐ Reduced Date cafeteria notified of change:		
Change occurred: Reduced to Free Reduced to Denied Free to Reduced Free to Denied		
Reason for Change:  High Income  No resp	oonse Other:	

Date eligibility change in effect:	in eligibility:	
Date reduction/termination sent to HH		
Signature of Verifying Officia	al 1	Date

This institution is an equal opportunity provider.