

FRANKLIN TWP BD OF ED-01501590 - Corrective Action Report

Form Name	Section	Form subsection	Site Name	Question #	Due Date	Status
On-Site Assessment Tool	On-Site Assessment Tool	Certification and Benefit Issuance	CAP Accepted Lea Berry 07/10/2018 10:45 AM CAP Submitted Donna Berkauzer 06/22/2018 09:26 AM	126	06/04/2018	CAP Accepted
<p>Corrective Action History</p> <p>Flagged Lea Berry 05/04/2018 10:41 AM</p>				<p>CAP Accepted</p> <p>Date of correction: 5/17/18</p> <ul style="list-style-type: none"> - parent signature received - SSN (last 4 digits) - Interpreter stated parent does not have SSN - parent signature not received - removed from meal program - notified of change to paid. Parent did reapply and qualified for reduced - SSN was provided <p>Incomplete and/or incorrectly determined applications were found during the State Agency review of the selected applications. Errors were recorded on the Eligibility Certification and Benefit Issuance Worksheet (SFA-1.) The SFA must indicate the date of correction for all application errors.</p>		