

VERIFICATION TRACKER
(Attach to Each Application with Corresponding Documents)

Application #: _____ Approval date: _____ Confirmation review Federal Error-prone Federal Non Error-] ;[} ^ Á
~~XXXXXXXXXX~~ For cause

Name of Students	School
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Date "We Must Check Your Application" was sent: _____ **Date** Response Due: _____ **Date** Received: _____

Date of *Second Notice* (If Applicable): _____ **Date** Response Due: _____ **Date** Received: _____

Application originally approved as:

- A. Federal Free Eligible, based on the household size and income information reported on the application
- B. Federal Free Eligible, based on the NJ SNAP/TANF case number
- C. Federal Reduced-Price Eligible

INCOME APPLICATION

All incomes listed on the application were verified Yes No

Documentation received from:

- Wage Stubs Agency Records Written Documents Collateral Contacts Other: _____

CATEGORICAL (NJ SNAP/TANF HOUSEHOLDS)

Confirmed by:

- NJ SNAP/TANF Office Agency Record Notice of Eligibility ATP Card (Authorization to Participate)

VERIFICATION RESULTS

Results as of the date the verification process was completed:

- A. No Change
- B. Responded, Changed to Federal Free
- C. Responded, Changed to Federal Reduced-Price
- D. Responded, Changed to Federal Paid
- E. Not Responded Changed to Federal Paid
- F. **If applicable** "We Have Checked Your Application"
Date: Letter sent to household. _____

Eligibility changes, if applicable, were noted on:

- Application
- Master Eligibility List
- Meal Counting System

- Effective Date of Change:**
- Yes _____
 - Yes _____
 - Yes _____
 - Yes _____

Eligibility changes were applied to all students in the district Yes

Signature of Confirming Official

Date of Confirmation Review

Signature of Verifying Official

Date Verification Completed