ducational agency (LEA):	Date:
verification conducted: Standa	ard Sample Size
DA) Eligibility Manual for School Medication (CSDE) operational memore ectly? Yes No	instructions in the U.S. Department of Agriculture's als and appropriate Connecticut State Department of randa to ensure that the verification sample was chosen
ng the past year? Yes N	on attend training on verification conducted by the CSDE
	ze verified? Yes No
	the district/institution follow the in DA) Eligibility Manual for School Medication (CSDE) operational memorectly? Yes No No" explain:

Were the state agency (CSDE) sample verification forms used?
If "No" explain:
Was the verification process completed by November 15? Yes No
If "No" explain:
Was a confirmation review conducted by a person other than the determining official? Yes No
If "No" explain:
Were households with foster children verified correctly? Yes No
If "No" explain:

Yes	No	
If "No"	explain:	
Were and	plications that did not need to be verified replaced by similar applications to mee	t t
	number to be verified? Yes No	
If "No"	explain:	
Was the	option to decline to verify no more than 5 percent of applications in the selected	1 00
	by the district? Yes No	1 52
If "Yes"	explain:	
	-	

12.	Was there a second attempt to obtain the family information for verification? Yes No Not applicable
	If "No" explain:
	 a. If unable to verify the eligibility, after a reasonable period was a notice of adverse action sent to the families? Yes No
	If "No" explain:
13.	If there was a benefit change due to verification, was it properly applied in the lunchroom (ticket, roster, and/or other system? Yes No No Not applicable
	If "No" explain:
14.	Were any households selected for Verification for Cause? Yes No Not applicable
	If "Yes" explain:



For more information, visit the Connecticut State Department of Education's (CSDE) Verification Procedures for School Nutrition Programs webpage, or contact the school nutrition programs staff at the Connecticut State Department of Education, School Health, Nutrition and Family Services, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This worksheet is available at https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/Sample_Verification_Checklist.pdf.

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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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

- 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

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