

Sample Verification Selection Worksheet

School Year 2025-26

For **each household/student** selected, this worksheet **must** be completed and kept on file for audit purposes. Verification must be completed no later than **November 15** of each year.

Student/household application selected: _____ Date selected: _____

Names of all district students in household:

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Prior to the household (HH) notification, someone other than the initial determining official must conduct a **confirmation review**. All applications selected for verification must have a confirmation review done **before** the HH 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 Alternate One

Response due: _____ Date second notice sent: _____

Note: You must contact the HH at least once if they have failed to respond

Foster Child Application Household	Income Household
Confirmed	Income: \$ _____ Frequency: _____
<input type="checkbox"/> DCF Office or 603 form <input type="checkbox"/> Foster Care Point of Contact <input type="checkbox"/> Other: _____	HH submitted: <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents
Not Confirmed	<input type="checkbox"/> Collateral Contacts <input type="checkbox"/> Agency Records <input type="checkbox"/> Other: _____
<input type="checkbox"/> Eligibility not confirmed	

Verification Results

No change and remained (check one): Free Reduced

Change occurred:

Reduced to free Reduced to denied Free to reduced Free to denied

Reason for change: High income No response Foster child eligibility not confirmed
 Other: _____

Important Final Steps:

Date eligibility change in effect: _____ Date cafeteria notified of change: _____

Signature of verifying official: _____ Date: _____

This institution is an equal opportunity provider.