

All sponsors must complete this section.

VERIFICATION SUMMARY REPORT 2011-12

Must be submitted by February 15, 2012

Section I. Enrollment, Application, and Eligibility Information (Pre-Verification)

Report Items 1 through 4 as of the first operating day in October.	All Schools ↓	
1. Number of schools and/or RCCI sites operating the NSLP and/or SBP		
2. Number of enrolled students with access to the NSLP (or SBP for SBP only schools)		
Record the number of STUDENTS in Column A and the number of APPLICATIONS in Column B for this section below.	A. # of Students	B. # of Approved Applications
3. Total FREE ELIGIBLE reported		
3-1. # approved as FREE ELIGIBLE who are not subject to verification (directly certified students on the DSS list or letters, homeless liaison list, income-eligible Head-Start, pre-K Even Start, certain foster children, residential students in RCCIs, non-applicants approved by local officials.) The number reported should not be zero.		Record the number of approved APPLICATIONS in 3-2B, 3-3B, & 4B below.
3-2. # approved as FREE ELIGIBLE based on SNAP/TFA case number submitted on an application (Categorically Eligible) New: Include certain foster children here. Refer to the instructions.		
3-3. # approved as FREE ELIGIBLE based on income/household size information submitted on an application		
		B. # of Approved Reduced Applications ↓
4. Total REDUCED PRICE ELIGIBLE reported		

LEA Name:			
Agreement Number:			
TYPE OF LEA: Check one	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> RCCI
	<input type="checkbox"/> RCCI	<input type="checkbox"/> RCCI No Day Students	
Name of person completing form:			
Phone Number:		E-mail:	

Section II. Results of Verification, by Application Type

5. Type of Verification Used (Check one) Refer to Instructions for definitions.

Standard Sample Size Alternate 1 Alternate 2

		A. FREE Eligible based on SNAP/TFA Application or certain foster children status (Categorically Eligible)	B. FREE Eligible based on Income/Household Size Application (Income Eligible)	C. REDUCED PRICE Eligible
Items 6 through 10 are required and are reported as of the date of completion of the verification process (see instructions.)				
6. No Change	# applications			
	# students & siblings			
7. Responded, Changed to Free	# applications			
	# students & siblings			
8. Responded, Changed to Reduced Price	# applications			
	# students & siblings			
9. Responded, Changed to Paid	# applications			
	# students & siblings			
10. Did Not Respond Changed to Paid	# applications			
	# students & siblings			

Complete and mail to: Glenda Stuckey, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457. Forms may also be emailed to: glenda.stuckey@ct.gov. Questions may be directed to Teri Dandeneau at 860-807-2079.