

Sponsors Conducting a Verification Process Completing FNS 742 Verification Collection Report

Submit one FNS-742 report per sponsor annually by February 1. The report is in CNPweb, on the *Claims* tab, click on "Add" under *Action* to open the report.

If the completed *FNS 742 Verification Collection Report* is not submitted in CNPweb annually by February 2, ***Claims for Reimbursement* will be withheld until it is completed.**

Program Year: 2019 Sponsor: 06

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Sponsor Summary

| Packet | Applications | Activity | Claims | Payments | Users |
|--|--------------|----------|---------------|---|-------|
| Form Name | Revision | Status | Date Approved | Action | |
| FNS 742-Verification Collection Report | 0 | Approved | 2/1/2019 | View Revise | |

Sponsor contact information is prepopulated.

| | | | |
|--|---|--|--|
| | 2019-2020 Program Year Approved Revision 0 | | |
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| State Agency Name: Oregon Department of Education | SFA ID#: <div style="background-color: black; width: 80px; height: 15px;"></div> | Type of SFA: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonprofit/Private | School Year: From 2019 To: 2020 |
| SFA Name: <div style="background-color: black; width: 130px; height: 15px;"></div> | SFA City: <div style="background-color: black; width: 90px; height: 15px;"></div> | SFA Zip Code: 97236-1235 | |

1-1 #1 Column A & B as of the last operating day in October.

| Section 1 Total Schools, Residential Child Care Institutions (RCCIs) and Enrolled Students | | |
|---|--------------------------------------|------------------------------------|
| **All SFAs must report section 1** | A. Number of schools OR Institutions | B. Number of Students |
| (1) 1-1: Total Schools (<i>Do not include RCCIs</i>): | <input type="text" value="77"/> | <input type="text" value="42168"/> |
| (2) 1-2: Total RCCIs (<i>Do not include schools counted in 1-1</i>): | <input type="text" value="0"/> | <input type="text" value="0"/> |
| (3) 1-2a: RCCIs with day students (<i>Report ONLY day students in 1-2aB</i>): | <input type="text" value="0"/> | <input type="text" value="0"/> |
| (4) 1-2b: RCCIs with NO day students: | <input type="text" value="0"/> | <input type="text" value="0"/> |

Section 2 - Leave blank unless you have CEP or Provision 2 Schools

| Section 2 SFAs with schools operating alternate provisions | | |
|--|---------------------------------------|-----------------------|
| **ONLY SFAs with alternate provisions must report section 2** | A. Number of schools AND Institutions | B. Number of Students |
| (5) 2-1: Operating Provision 2/3 in a BASE year for NSLP and SBP: | <input type="text"/> | <input type="text"/> |
| (6) 2-2: Operating Provision 2/3 in a NON BASE year for NSLP and SBP: | <input type="text"/> | <input type="text"/> |
| (7) 2-2a: Provision 2/3 students reported as FREE in a NON BASE year: | <input type="text"/> | <input type="text"/> |
| (8) 2-2b: Provision 2/3 students reported as REDUCED PRICE in a NON BASE year: | <input type="text"/> | <input type="text"/> |
| (9) 2-3: Operating the Community Eligibility Option: | <input type="text"/> | <input type="text"/> |
| (10) 2-4: Operating other alternatives for NSLP and SBP: | <input type="text"/> | <input type="text"/> |
| (11) 2-5: Operating an alternate provision(s) for only SBP or only NSLP: | <input type="text"/> | <input type="text"/> |

Section 3 –Student counts as of the last operating day in October.

3-3 For Medicaid directly certified students only include those certified for **FREE** meal benefits in this section. Do not include those certified for **REDUCE PRICE** meal benefits.

| Section 3 Students approved as FREE eligible NOT subject to verification | | |
|---|--|-------------------------|
| **All SFAs must report Section 3 or check box 3-1 if applicable** | | |
| | | Number of FREE Students |
| (12) | 3-1 <input type="checkbox"/> Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification with SNAP (i.e. NON BASE year Provision 2/3 for all schools) | |
| (13) | 3-2: Students directly certified through Supplemental Nutrition Assistance Program (SNAP): Do <u>not</u> include students certified with SNAP through the letter method. | 2391 |
| (14) | 3-3: Students directly certified through other programs: Include those directly certified through Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials. DO NOT include SNAP students already reported in 3-2. | 121 |
| (15) | 3-4: Students certified categorically FREE eligible through SNAP letter method: Include students certified for free meals through the family providing a letter from the SNAP agency. | 0 |

Section 4:

Report number of applications (A) approved as of October 1.

Report number of students (B) as of the last operating day in October.

4-1A & B:

- Number of applications approved FREE eligible based on a case number for SNAP, TANF, or indication of participation in FDPIR on file as of October 1.
- The number of students on these applications as of the last operating day in October.

4-2A & B:

- Number of applications approved FREE eligible based on file as of October 1.
- The number of students on these applications as of the last operating day in October.

4-3A & B:

- Number of applications approved REDUCED PRICE eligible on file as of October 1.
- The number of students on the REDUCED PRICE as of last operating day in October.

NOTE: Do not include students approved for REDUCED PRICE meal benefits that were approved via the Medicaid direct certification process. ODE will report these students directly to USDA.

| Section 4 Students approved as FREE or REDUCED PRICE eligible through a household application | | |
|--|--|-----------------------|
| **ALL SFAs collecting applications must report Section 4** | | |
| | A. Number of Applications | B. Number of Students |
| (16) | 4-1: Approved as categorically FREE Eligible: Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application) | 106 |
| (17) | 4-2: Approved as FREE eligible: Based on household size and income information | 494 |
| (18) | 4-3: Approved as REDUCED PRICE eligible: Based on household size and income information | 483 |
| TOTALS | | |
| | T-1: Total FREE Eligible Students Reported: | 3643 |
| | T-2: Total REDUCED PRICE Eligible Students Reported: | 1103 |

5-2: Indicate whether verification was performed and completed by the deadline of November 15

5-3: Check the type of verification process used

| | |
|--|---|
| <p>5-2 Was verification performed and completed?</p> <p>(20) <input checked="" type="radio"/> YES, completed by November 15th</p> <p>(21) <input type="radio"/> YES, completed after November 15th</p> <p>(22) <input type="radio"/> No, verification was not performed or the process was not completed.</p> | <p>5-3: Type of Verification process used:</p> <p>(23) <input checked="" type="radio"/> 1. Standard - 3% Error-prone (total applications in Section 4 Column A x 0.03)</p> <p>(24) <input type="radio"/> 2. Alternative One - 3% Random (total applications in Section 4 Column A x 0.03)</p> <p>(25) <input type="radio"/> 3. Alternative Two - 1% Error-prone + 0.5% Categorical (total applications in Section 4 Column A x 0.01 plus Section 4-1A x 0.005)</p> |
|--|---|

5-4: Error-prone applications are household applications approved as of **October 1** indicating monthly income within \$100 of the monthly limit or annual income within \$1,200 of the annual limit of the applicable income eligibility guidelines.

5-5: Enter the total number of applications initially selected for the verification process.

If 1 or 3 is checked in 5-3, report 5-4. If 2 is checked in 5-3, leave 5-4 blank.

| | | | |
|---|--|----|----|
| <p>(26) 5-4: Total ERROR PRONE applications: <i>Report all applications as of October 1st considered error prone.</i></p> <p>(27) 5-5: Number of applications selected for verification sample:</p> | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50px; height: 20px;">46</td> </tr> <tr> <td style="width: 50px; height: 20px;">16</td> </tr> </table> | 46 | 16 |
| 46 | | | |
| 16 | | | |

5-6: Check if direct verification was not conducted in the SFA. Direct verification is using Medicaid records on the secure Direct Certification website to verify income and/or program participation.

5-7A & B: Only report applications and students if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification.

****ALL SFAs must report Section 5-7 or check box 5-6 if applicable****

| <p>5-6: <input type="checkbox"/> Check the box if direct verification was not conducted in the SFA, (i.e. not one of the schools and /or RCCIs in the SFA performed direct verification). If 5-6 is checked, skip 5-7.</p> <p>(29) Report if FREE and/or REDUCED PRICE eligibility is 5-7: Confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th verification:</p> | <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 50%;">A. Number of Applications</th> <th style="width: 50%;">B. Number of Students</th> </tr> </thead> <tbody> <tr> <td style="width: 50px; height: 20px;">1</td> <td style="width: 50px; height: 20px;">2</td> </tr> </tbody> </table> | A. Number of Applications | B. Number of Students | 1 | 2 |
|--|--|---------------------------|-----------------------|---|---|
| A. Number of Applications | B. Number of Students | | | | |
| 1 | 2 | | | | |

5-8 -Results of Verification by Original Benefit Type

For each original benefit type (A, B & C) report the number of application and students as of November 15th for each result category (1, 2, 3, & 4)

A. FREE - Categorically Eligible
Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application

| Result Category | a. Applications | b. Students |
|--|--------------------------------|--------------------------------|
| (30) 1. Responded, NO CHANGE: | <input type="text" value="0"/> | <input type="text" value="0"/> |
| (31) 2. Responded, Changed to REDUCED PRICE: | <input type="text" value="0"/> | <input type="text" value="0"/> |
| (32) 3. Responded, Changed to PAID: | <input type="text" value="0"/> | <input type="text" value="0"/> |
| (33) 4. NOT Responded, Changed to PAID: | <input type="text" value="0"/> | <input type="text" value="0"/> |

B. FREE - Income
Certified as FREE based on income/household size application

| Result Category | a. Applications | b. Students |
|--|--------------------------------|--------------------------------|
| (34) 1. Responded, NO CHANGE: | <input type="text" value="1"/> | <input type="text" value="2"/> |
| (35) 2. Responded, Changed to REDUCED PRICE: | <input type="text" value="3"/> | <input type="text" value="5"/> |
| (36) 3. Responded, Changed to PAID: | <input type="text" value="0"/> | <input type="text" value="0"/> |
| (37) 4. NOT Responded, Changed to PAID: | <input type="text" value="4"/> | <input type="text" value="7"/> |

C. REDUCED PRICE - Income
Certified as REDUCED PRICE based on income/household size application

| Result Category | a. Applications | b. Students |
|---|--------------------------------|--------------------------------|
| (38) 1. Responded, NO CHANGE: | <input type="text" value="4"/> | <input type="text" value="9"/> |
| (39) 2. Responded, Changed to FREE: | <input type="text" value="0"/> | <input type="text" value="0"/> |
| (40) 3. Responded, Changed to PAID: | <input type="text" value="3"/> | <input type="text" value="6"/> |
| (41) 4. NOT Responded, Changed to PAID: | <input type="text" value="5"/> | <input type="text" value="7"/> |

VC-1 Verification for Cause

Report all applications verified for cause outside of the verification process as of November 15. Applications verified for cause are NOT considered part of the required sample size. If none were selected, enter N/A. **Include the results of verification for cause by original benefit type in the appropriate category in 5-8.**

VC-1: Total questionable applications verified for cause (Enter "N/A" if not applicable):
 (42) Report the number of applications as of November 15th verified for cause in addition to the verification requirement.

Scroll to the bottom and check I certify box #43, then click "Submit."

I Certify that the information submitted for the FNS 742-Verification Collection Report is true and correct.
 (43) I am aware that deliberate misrepresentation or withholding of verification information may result in prosecution under applicable State and Federal statutes. I certify that records are available to support the Verification Collection Report data.

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For additional information, refer to [Verification at a Glance](#).