

**Sponsors With CEP and Non- CEP Sites
Completing the 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 submitted.

Sponsor Summary

Packet	Applications	Activity	Claims	Payments	Users
Claim Month			Revision	Status	Claim Amount
					Action

Form Name	Revision	Status	Date Approved	Action
FNS 742-Verification Collection Report	0	Approved	1/16/2019	View Revise

Sponsor contact information is prepopulated.

[Redacted]			2019-2020 Program Year
			Approved
			Revision 0
↓ Bottom of Form			
State Agency Name: Oregon Department of Education	SFA ID#: [Redacted]	Type of SFA: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonprofit/Private	School Year: From 2019 To: 2020
SFA Name: [Redacted]	SFA City: Portland	SFA Zip Code: 97236-1235	

**1-1 #1 Column A & B as of the last operating day in October.
(This include CEP and Non-CEP sites/students)**

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 (Do not include RCCIs):	77	42168
(2) 1-2: Total RCCIs (Do not include schools counted in 1-1):	0	0
(3) 1-2a: RCCIs with day students (Report ONLY day students in 1-2aB):	0	0
(4) 1-2b: RCCIs with NO day students:	0	0

Section 2 - Complete for CEP sites only

2-3A & B: Number of schools operating the Community Eligibility Option and the number of enrolled students in the schools with access to the NSLP and/or SBP.

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" value="0"/>	<input type="text" value="0"/>
(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" value="12"/>	<input type="text" value="5750"/>
(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 – Non CEP Student as of the last operating day in October.

(Do not include Directly Certified student numbers from CEP sites.)

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		
(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)	Number of FREE Students	
(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.	<input type="text" value="1470"/>	
(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.	<input type="text" value="287"/>	
(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.	<input type="text" value="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 these 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)	149	286
(17) 4-2: Approved as FREE eligible: Based on household size and income information	525	1054
(18) 4-3: Approved as REDUCED PRICE eligible: Based on household size and income information	604	1249
TOTALS		
T-1: Total FREE Eligible Students Reported:		4341
T-2: Total REDUCED PRICE Eligible Students Reported:		1249

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>
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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.

(26) 5-4: Total ERROR PRONE applications: <i>Report all applications as of October 1st considered error prone.</i>	46
(27) 5-5: Number of applications selected for verification sample:	16

5-6: Check if direct verification was not conducted by 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****

5-6: 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.

A. Number of Applications

B. Number of Students

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:

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 15 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:	0	0
(31) 2. Responded, Changed to REDUCED PRICE:	0	0
(32) 3. Responded, Changed to PAID:	0	0
(33) 4. NOT Responded, Changed to PAID:	0	0

B. FREE - Income

Certified as FREE based on income/household size application

Result Category	a. Applications	b. Students
(34) 1. Responded, NO CHANGE:	1	2
(35) 2. Responded, Changed to REDUCED PRICE:	3	5
(36) 3. Responded, Changed to PAID:	0	0
(37) 4. NOT Responded, Changed to PAID:	4	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:	4	9
(39) 2. Responded, Changed to FREE:	0	0
(40) 3. Responded, Changed to PAID:	3	6
(41) 4. NOT Responded, Changed to PAID:	5	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.

N/A

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

↑ Top of Form

Verification Collection Report data.

ort is true and correct.
may result in
lable to support the

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