# VERIFICATION TRACKER FORM - SCHOOL USE ONLY

**The purpose of this form is to track the verification process. Use a separate tracker form for each application selected for verification. Include a copy of the application with this tracker form.**

| **Step 1- Verifying Official** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| Date the sample pool was completed |  |
| Number of current applications in sample pool (Oct. 1) |  |
| **Circle** the sample method used | Standard, Alternate 1 or Alternate 2 |
| **Circle** how applications were selected | Software system or Manual |
| Number of application(s) selected for the verification process |  |
| Was this application in addition to the sample pool – ***Verification for Cause*** | Yes or No |

| **Step 2- Confirming Official** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| Check the initial eligibility of the application |  |
| **Sign and date** the reverse side of the ***application*** or ***tracker* *form***  |  |

| **Step 3 - Verifying Official** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| List date of the initial eligibility determination  |  |
| Was Direct Verification used | Yes or No |
| Date **“*We Must Check Your Application”*** notice is sent to household |  |
| Date response is due back from household |  |
| Date follow-up notice(s) was sent to a non-responding household, if applicable |  |
| When **ALL** verification documentation was reviewed; **sign and date** |  |

**Step 4 - Verification Results**

* Free - Responded, NO CHANGE
* Free - Responded changed to reduced
* Free - Responded changed to paid
* Reduced - Responded, NO CHANGE
* Reduced - Responded, changed to free
* Reduced - Responded changed to paid
* Not Responded - Changed to paid

| **Step** | **Response (write answer, circle, or check if complete)** |
| --- | --- |
| Date “***We Have Checked Your Application****”* letter was sent |  |
| Date eligibility change was made in POS and on the Benefit Issuance list |  |
| **Sign and date** the reverse of the ***application*** or ***tracker form*** |  |
| If a ***Hearing*** was requested by household, note the date (Original benefit status remains during the hearing process) |  |

**Step 5- Complete Verification Collection Report (VCR)**

Report on **VCR** the results of verification. The **VCR** is due by **February 1.** Complete the **VCR** as soon as the verification is complete. The report can be accessed on the [Verification webpage](https://dpi.wi.gov/school-nutrition/program-requirements/verification). (https://dpi.wi.gov/school-nutrition/program-requirements/verification)