

Verification for Cause Tracking Form

Complete this form for each application selected for verification for cause.
Attach this form to the application with a copy of all documents from the household.

☐ Check here if Verification for Cause occurred before Nov. 15th. Results must be included in Section 5 of CNP Verification Summary Report.

☐ Attach to **each** application selected for verification with a copy of all correspondence from the household regarding verification and a copy of documents received from the household.

Number of Students on Application: _____

Original Determination was (check one):

- ☐ Free Eligible Based on Categorically Eligible (*SNAP/TANF/FDPIR Case # or Foster or
- ☐ Free Eligible Based on Income/Household Size Information
- ☐ Reduced-Price Eligible

Step 1 ☐ **Confirming official must sign and date household application and must not be the same as the Determining official**

☐ **Confirmed Original Determination, no change in benefits**

Continue to Step 2.

☐ **Changed from Reduced to Free**

Notify household, change benefits within 3 days, continue to Step 2.

Date eligibility status updated on BID: _____ (within 3 operating days of date letter sent)

☐ **Changed from Free to Reduced**

Do not change benefits; continue to Step 2.

☐ **Changed to PAID**

Notify household, change benefits after 10 calendar days of date letter sent and remove this application from verification sample. Select new application for verification.

(Start again with Step 1 with **new** application and **new** tracking form.)

Date eligibility status updated on BID: _____ (after 10 calendar days of date letter sent)

Step 2 ☐ **Send First Verification Notice:**

Date verification notice was sent: _____

Date response due from household:

****If no response by household by given due date, must follow up with household***

☐ **Send Second Verification Notice**

Date second notice was sent/called/emailed: _____

☐ **Follow-up official must sign and date household application**

Step 3 ☐ **Results of Verification (Select ONE):**

☐ **Responded, no change in benefits**

Send Letter of Verification Results (confirming no change) and attach to this tracking form.

Date letter sent: _____

☐ **Responded, original determination changed to Free**

Send Letter of Verification Results and attach to this tracking form

Date letter sent: _____

Date eligibility status updated on BID: _____ (within 3 operating days of date letter sent)

☐ **Responded, original determination changed to Reduced**

Send Letter of Verification Results and attach to this tracking form

Date letter sent: _____

Date eligibility status updated on BID: _____ (after 10 calendar days of date letter sent)

☐ **Responded, original determination changed to Paid**

Send Letter of Verification Results and attach to this tracking form

Date letter sent: _____

Date eligibility status updated on BID: _____ (after 10 calendar days of date letter sent)

☐ **No response, original determination changed to Paid**

Send Letter of Verification Results and attach to this tracking form

Date letter sent: _____

Date eligibility status updated on BID: _____ (after 10 calendar days of date letter sent)